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ABSTRACT

This self-study manual, for use by individuals or groups, was developed as a resource for social work practitioners and focuses on the assessment, intervention, and prevention of adolescent abuse and neglect. The introduction presents the philosophy of continuing education on which the manual is based, an overview of the manual, and an article on child abuse and neglect. Section II outlines suggested formats (3-hour workshop, 2-day workshop, and a course outline) for presenting the material to groups. Section III presents a series of exercises in experiential learning which are aimed at increasing participants' awareness of their own adolescent values, attitudes, and feelings and how these influence their work with adolescent clients. The final three sections deal with definig and identifying adolescent abuse and neglect, assessment (focusing on diagnosing family malfunctioning), and intervention, with practical suggestions for working with maltreated adolescents and their families. Each of these sections provides an overview of essential information and a compilation of resource material. The manual concludes with a bibliography, addresses of media distributors, and a list of additional resources. (KGB)

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ED258104

EASTERN MICHIGAN UNIVERSITY

Continuing Education for the Prevention of Family Break-up

Adolescent Abuse and Neglect: Prevention and Intervention

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Eastern Michigan University
Ypsilanti, Michigan 48197

ADOLESCENT ABUSE AND NEGLECT: PREVENTION AND INTERVENTION

CONTINUING EDUCATION MANUAL

Prepared by
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Eastern Michigan University

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CG 018307

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ADOLESCENT ABUSE AND NEGLECT: PREVENTION AND INTERVENTION

CONTINUING EDUCATION MANUAL

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INTRODUCTION

Continuing Education for Preventative Child Welfare Services

The Department of Social Work of Eastern Michigan University developed continuing education modules and this manual as a part of a child welfare teaching grant. The purposesof the grant (DHHS grant #TE MI 0181) were:

- To develop and offer continuing education modules responsive to needs identified by public and private agencies providing child welfare services.
- To provide continuing education sessions for agency staff which enhance their skills in preventing separation of children from their families and in developing permanent plans and supportive services to return children to their families.
- To develop instructional materials and on-going continuing education methods in preventative child welfare services as a regular component of the Department of Social Work

The three continuing education modules developed were:

1. Sexual Abuse of Children: Prevention and Treatment
2. Managing Child Welfare Cases to Enhance the Prevention of Family Breakup
3. Abuse and Neglect of Adolescents: Intervention and Prevention

These modules have been identified based on the experience the Social Work Faculty has had during the past five years in developing a Family and Children's Specialty. A sample of the cross-section of public and private agencies in the area also support the need for these continuing education sessions. The sessions were developed with the input of these through an Advisory Committee. Through further feedback and consultation the content of each session was developed to include the following concepts:

- Although the needs of a child may be the precipitating reason for a family coming into contact with the child welfare services system, the "client" should be the family.
- Within the child welfare system there should be a focus to develop and improve the ability of families to care for their children thereby preventing delinquency, neglect, abuse and exploitations of children.
- When substantial efforts to maintain children in their own home fail, services should be provided to protect and care for children in permanent substitute family arrangements.

This project was stimulated by the recognition of need to develop a variety of methods to teach knowledge and skills, directed toward assisting child welfare workers to provide preventative services and develop plans to insure permanency and supportive services to return their homes. Thus the following philosophy was developed concerning continuing education:

> Professional social work practitioners recognize the need to constantly refine and update their knowledge and skills. The use of various formats included in this manual can measurably meet some of the continuing education needs of social workers in child welfare settings. The suggested sessions are not intended to be a substitute for professional degree curricula but rather should be a part of a continuum of continuing education and training opportunities in which each practitioner regularly participates.

Consistent to the philosophy, this manual was developed as a self study resource. It is a practical reference for the supervisor or direct services practitioner. While professional educators or trainers might also use this manual, it is not the traditional training manual, rather it is intended to be used as a "stimulus" for individual or group continuing education. Each manual will focus on the assessment, interventions and prevention skills needed by child welfare workers.

Special recognition and a "thank you" are given to the members of the Advisory Committee to the project. This group of agency practitioners and faculty members actively participated in the implementation of the project, critique of instructional materials, and evaluation of the outcome of the project. The Department of Social Work is appreciative of the efforts of this committee.

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INTRODUCTION

Adolescent Abuse and Neglect: Prevention and Intervention

Adolescent abuse and neglect is just beginning to gain attention as a concern for child welfare practitioners. Although 25-30% of all reported incidents of child abuse and neglect involve children over 12, professionals have rarely acknowledged differences in either the etiology of adolescent abuse and neglect or intervention appropriate to its occurrence. In fact, there continues to be debate as to the very existence of the problem and the need to define and create specialized services for this population. Even with this large proportion of incidents of adolescent maltreatment, most abused and neglected youth never are reported. Rather, they appear in other systems with other labels such as delinquents, status offenders, high school dropouts and teenage mothers. Still others seek help through youth service agencies and crisis hotlines which most frequently don't report cases and have limited access to resources to provide comprehensive services. The need for more specialized focus, then, is clear. As with any social problem, solutions to this problem will emerge only through increased education to the community and professionals to help develop both awareness and tools to intervene effectively. This manual is intended as a resource to this end, for child welfare practitioners, juvenile justice workers, and youth service providers. The material herein will increase understanding of adolescence and of the adolescent's relationship to his/her family and environment. Furthermore, the general knowledge at our disposal in regard to child abuse and neglect is refined and made specifically applicable to adolescent member families.

The material is designed to provide trainers with the "core of knowledge" necessary to work with abused and neglected adolescents and their families on a case by case basis as well as with communities designing programs for this population. In the perspective of this manual, developing a service continuum that meets the needs of families, rather than forcing families to fit into existing services, is the key to successful intervention.

The manual also presumes that increased awareness of the issues which underlie abusive and neglectful situations will help generate interventions which may stop abuse and neglect from recurring or occurring at all. The issue of prevention among adolescent populations is particularly salient. Not only are we concerned with deterring the abuse of the adolescent him or herself, but also with enhancing the adolescent's impending movement into adulthood and parenthood. More appropriate assessment and intervention may then serve to prevent abuse in this generation and in the next generation as well.

This manual consists of five major sections which follow this introductory chapter. In section II we present an outline of the "core knowledge" related to the phenomenon of adolescent abuse and neglect. This section also provides a variety of formats for sharing this knowledge with other practitioners or students. Section III presents a series of options for "experiential learning" which are aimed at increasing self-awareness of values, attitudes and feelings. Because issues of abuse and neglect, and adolescence in general, are so highly charged, these suggestions for promoting more personal engagement are intended as a first step in using one's self more effectively in confronting these concerns. The final three sections on definition and identification, assessment, and intervention elaborate on the insights or "core knowledge" which will help to establish a more comprehensive and meaningful approach to adolescent abuse and neglect. Each of these sections provides an overview of essential information and a compilation of resource material (some developed explicitly for this manual) which enriches comprehension of these highlights. As a whole, then, the manual will help practitioners develop working knowledge and practice skills for both prevention and intervention in relation to adolescent abuse and neglect.

OVERVIEW ARTICLE

ABUSE AND NEGLECT: THE ADOLESCENT AS HIDDEN VICTIM

Marjorie Ziefert

Introduction

The abused and neglected adolescent has been overlooked both in the child abuse and neglect literature and in the development of appropriate treatment services. Although the past decade has witnessed a growing literature in the areas of abuse and neglect (Helfer and Kempe, 1976; Martin, 1976), there has been little if any reference to the plight of teenagers who are the victims of familial violence and neglect. Adolescents in need have historically fallen between the service "cracks" in most of our human service agencies. Not yet adults and no longer children, adolescents have the needs of both and the status of neither. And many communities, social service agencies, and juvenile authorities clearly have failed to define necessary and appropriate programming for this population. Their responses, instead, range from denying the existence of the problem altogether to acknowledge complete frustration with service delivery attempts.

Reasons for these failures are many, and will be discussed in the first section of this chapter. Following that, we will explore the clinical dynamics of the phenomenon and implications for treatment and intervention. Generally, this chapter will seek to establish the need for the development of both theory and practice specifically concerned with the particular needs of abused and neglected adolescents.

Identification Issues

The fact is that close to 30 percent of all reported "child" abuse and neglect cases have involved children over twelve years of age (American Humane Association, 1978). But because they are no longer regarded as children, abused adolescents do not generally evoke the same sympathy as younger victims. While emotional trauma can be at least as intense, the physical signs of abuse are usually not as severe. Violence often resides in the eyes of the beholder, and adolescents are sometimes seen as being big enough to protect themselves, of even "deserving" of the beating. Violence-prone families also tend to create patterns of family abuse in which the adolescent may physically abuse his/her parents. In such situations the adolescent is not likely to evoke support, and is more likely to be labeled a perpetrator, rather than the victim he/she is.

The natural course of human development also creates many difficulties. The adolescent's transition to adulthood is normally turbulent and, at times, intolerable to many adults. It is often difficult to find a human services worker who enjoys involvement with this population. Perhaps painfully identified with the conflicts of the adolescent's development tasks, or threatened by the youthful contrasts to their own waning youth, workers steer clear of the adolescent client.

In this context of intergenerational conflict, the particular problems and behaviors of abused adolescents compound the resistance. The anger and mistrust felt by these young people make it most difficult to develop a close working alliance, and tend to complicate both the identification of adolescent abuse and its treatment. Often abused adolescents come to our attention only through conflict with teachers, the police, and other authoritarian institutitons in the community. Once they are labeled for delinquent behavior or status offenses, the issue of abuse or neglect is overlooked. The relevance of the personal history of maltreatment is often ignored in both assessment of antisocial behaviors and ongoing treatment planning and intervention.

As with younger children, the behavior of abused or neglect adolescents ranges from extreme withdrawal to violent acting out. Their behavior, however, has more significant societal consequences and is often more visible and "bothersome" in the wider community than that of younger children. Teenagers who have been lifelong scapegoats or who have lived with a continual sense of futility and neglect are, during adolescence, at much greater risk for depressions, drug dependence, anorexia, and withdrawl. Many, fulfilling parental expectations, become involved in an array of antisocial behaviors - the function being to reaffirm those expectations. Deflected anger at violent and withholding parents often manifests itself in behaviors destructive both to self and others. Arson, theft, belligerence, recklessness, substance abuse, and running away all are common strategies for acting out a deeply rooted and deeply felt sense of hurt. Similarly, many adolescents who have experienced sexual abuse emerge in statistics, not as victims of assault, but as sexually promiscuous teenagers, prostitutes, adolescent mothers, and teenagers who act out in other ways.

Abused and neglected adolescents are often the most ambivalent youth to work with. With them the normal developmental conflicts relating to dependence and independence are exacerbated by their longstanding unmet needs and desire to escape painful situations and personal confrontation. This tendency itself creates frequent frustration, even for the most dedicated service provider. It is not uncommon for a worker to engage in an exhaustive search for alternative living arrangements for an obviously battered teenager, only to be thwarted by the adolescent's demand to return home. Running away, both literally and figuratively, is often a cry for help. Unfortunately this cry is either ignored, or inappropriately, dealt with only as a "status offense." Where cases are not apporpriately identified and the underlying issues are not addressed, there are predictable outcomes for the adolescent victim of abuse and neglect. Where human services fail to create needed alternatives, the adolescent develops a lifelong pattern of pursuit of gratification, denial of unmet needs, and acting-out behavior.

Clinical Issues

While maltreatment may first be recognized in adolescence, it either can be a long-standing familial pattern or one which emerges only in adolescence. We have been able to identify three somewhat distinct forms of adolescent maltreatment: (1) chronic maltreatment which continues during adolescence, (2) maltreatment which begins in adolescence, and (3) maltreatment which intensifies during adolescence.

Whether the abuse and neglect are historical or new phenomena during adolescence, they occur in a context of radical changes for the adolescent, for the parent, and for the family in a new stage of development.[1] The themes of separation, individuation, and control - major issues for the normal adolescent and his/her family - emerge as problematic areas in families where both parents and children are having difficulty evolving new parent-child relationships. Often developmental conflicts concerning autonomy which first arise at the two-year-old stage are repeated at a new level during adolescence.

For some chronically maltreated youths the task of separation and individuation is nearly impossible to achieve. Their low self-esteem makes it difficult for them to see their parents from a critical perspective. Hence they blame themselves for their plight, and their acting out merely serves to reinforce both their poor self-image and the abuse and neglect they receive. These young people are generally identified not because of abuse and neglect, but because of severe delinquent behavior or mental health problems.

Other maltreated youth are actively engaged in a radical redefinition of self and others. They are busy establishing identities of their own, exploring different lifestyles, developing intimate relationships outside the family, and building a more critical perspective on the whole--including their relationships with their families. As a consequence they may begin to resist, protest, and act out against longstanding victimization in the family. Their choices, however, are limited. The adolescent may refuse to submit to parents, confide in another adult or peer, or choose to leave the situation. All of these new behaviors heighten conflict in the isolated, stress-ridden family as it protects itself from public revelation of private family weaknesses or secrets.

The battles around control and separation which are characteristic of this period in the family's development sometimes are manifested in abusive behaviors directed toward the adolescent. Parents who have a great need for control or who are fearful of impending loss and separation easily become embroiled in anxious battles which may precipitate abuse for the first time or turn what historically was physical discipline into less controlled violence. Violent responses to threatened loss of control or separation are not atypical at this stage of the family's history. Often one hears these parents describe the perfect child who within a six-month period began lying and failing in school and changed his/her peer group, this radical shift resulting in an extreme response from the parent. For both parent and child in this situation, the evolution from childhood to adulthood can occur only through violent revolution, with the child pushing the issue to extremes and the parent responding in a desperate attempt to stay in control. When this does not work, these families may abrogate their responsibilities toward their teenagers completely, thereby creating a rapidly increasing group of neglected adolescents currently referred to as "throwaways".

Special Issues

Abuse and neglect are phenomena most frequently occurring in families already laden with psychic and social stress. The coinciding "crisis" of adolescence and the midlife "crisis" of the parents of adolescents creates still another dynamic toward increased family conflict. For the adolescent, the end of childhood and the beginning of adulthood are both frightening prospects, difficult to confront and seemingly uncontrollable in consequence. For the parent, letting go of a child is threatening in its demand for redefinition of self as well. Watching, and participating in, all of these intensely emotional developmental changes--concerning identity, sexuality, intimacy, career, lifestyle, etc. confronts the parent both with his/her own changing status and with the inevitable passage of time. Fighting to hold on to a growing child then becomes a way of holding on to one's own identity and sense of meaning. In families where such parental "need" is strong, the adolescent's developmental struggle is apt to be stormy and painful for all.

Treatment Considerations

Understanding the individual and family dynamics as well as the social context within which abuse and/or neglect occurs is crucial to the creation of a meaningful intervention plan. As with all cases of family dysfunction, the family must become the primary focus of intervention. With the adolescent's involvement, however, there are a variety of special considerations which successful intervention must take into account.

Of particular importance is the nature of the adolescent's status and how that affects possibilities for treatment. Because adolescents are legally defined still as children, agencies are not permitted to evaluate or treat teenagers without prior parental approval. This technicality creates a complex problem in reinforcing the youth's role as "child" in the family and in prohibiting him/her from asserting positive independent action toward problem resolution. If also reinforces the counterproductive concern of the already mistrustful adolescent that the agency, representing the adult world, must be "taking the side" of the parents.

In the same vein, it is important to recognize that behavioral symptoms such as running away, delinquency, sexual acting out, and dropping out of school are usually impossible to treat in structured, time-limited, weekly sessions. We have evidence from analysis of programs nationally that "outreach" programs are the most successful. Such programs exist in an array of formal and informal agencies often referred to as "alternative services"--crisis centers, runaway houses, and hot line services. Persons working in the programs are viewed by most adolescents as friends and allies who understand and respect their problems, and these services have demonstrated a strong commitment, idealism, and impact over the past fifteen years. Although in the past the idealism and ideology of the alternative services have fostered hostility and antagonism between them and more traditional agencies, there has emerged in the recent past a growing mutuality of awareness of potential for more positive interaction. This increasing respect and recognition has found consequence in some exciting and creative attempts at more comprehensive service delivery for abused and neglected teenagers.

In several communities, traditional agencies are now offering family therapists for a combination of training, supervision, and direct service tasks within the runaway or crisis centers.[2]

In other communities, relationships between child-protective service agencies and runaway houses have led to a more functional and effective sharing of protective services staff trained to work specifically with adolescents.[3] Traditional social services agencies are now widely expressing relief that alternative agencies exist to help deal with a population they have historically been unsuccessful in confronting.

The development of a service delivery network geared toward families with adolescent members provides opportunitiies for reduction of tension and conflict in the home. Helping identify alternative educational arrangements, part-time employment, appropriate recreational activities, and adolescent-oriented counseling all contributes to a reduction of pressures and strains at home. These services also work toward increasing self-esteem in abused and neglected youth with poor self-images. Relationships and activities which enhance self-esteem help the maltreated adolescent see his/her parents more objectively and help reduce self-blame by the youth. Once the youth sees him/herself as more worthwhile, it becomes easier for him/her to constructively handle separation and individuation.

At the same time that the adolescent is developing this new sense of self, the other family members too should be involved in a process which helps them cope with feelings of loss of control and separation anxiety. Helping the parents come to terms with their own developmental crisis frees the whole family to redefine their relationships.

Often an abused or neglected youth is the scapegoat in a marital conflict. Removing the adolescent from the center of the conflict forces the parents to confront their own relationship. The adolescent's role in the marital conflict is both an inappropriate burden and a total misappropriation of power. Separation is far easier without this responsibility. Marital counseling often helps to remove the adolescent from his/her pivotal position. Ongoing family therapy and outreach, oriented toward reduction of external sources of family stress, also are invaluable; network interventions, in which attempts are made at involving friends and relatives in planning and problem solving, are yet another set of useful options.

There are times when the removal of an adolescent from his/her home is the most appropriate intervention. The family may have divested itself of emotional involvement with the troubled, acting-out teenager and refuse involvement. The living situation may continue to be so mutually destructive to adolescent and parent that temporary or permanent separation is needed to reduce the pain. In some instances the parents may be resistant to confronting their own problems and continue to scapegoat the adolescent.

If foster care proves to be a necessary step, it is crucial that serious attention be given to the various issues that impinge on the potential effect of this strategy. Providing care for adolescents outside their homes is highly demanding and creates additional strain on many agency workers.

Foster homes for adolescents are most difficult to recruit, and the young person is likely either to run away or to re-create the dynamics which led to abuse at home. The use of group foster homes for teenage placements can be a successful alternative in many instances.[4] The use of any foster care setting should be assessed on the basis of the individual youth and family's needs; a setting should not simply be exploited on the basis of easy access or availability. Generally, younger adolescents seem to do better in nuclear family settings where they are the only or youngest child, while older adolescents tend to do better in a group setting. Other critical variables include the youth's own wishes for independence, self-sufficiency, and more intimate peer relationships, evolving relationships within the family, planned length of residence, and the need for and ability to tolerate provision of nurturance and warmth.

Understanding symptomatic behavior in relation to its underlying causes provides a much clearer perspective from which to plan and implement intervention strategies. With the mistreated adolescent, symptomatic behavior is often dealt with as the problem, with little attempt at confronting the underlying issues. Abused and neglected adolescents are often found among delinquent populations, status offenders, and severely withdrawn, depressed teenagers. A good social history, which covers the maltreatment, developmental struggles, and conflicts of all family members, as well as other stresses, helps us to understand, assess, and plan appropriately for the family. Remembering that the adolescent is neither just a "big" child nor a "little" adult also helps us to better shape services to meet the adolescent's needs.

Notes

1. I. Lourie, "Family Dynamics and the Abuse of Adolescents".

2. In Ann Arbor, Michigan, for example, the Catholic Social Services Agency has such a relationship with Ozone House, a local runaway program developed in the late sixties.

3. For example, the National Institute of Mental Health has funded several innovative programs for abused adolescents that attempt to enhance the relationships between child-protective services and alternative service agencies.

4. J.S. Gordon, "Alternative Group Foster Homes: A New Place for Young People", unpublished paper, National Institute of Mental Health, Rockville, Md., 1974.

FORMATS

FORMATS FOR PRESENTATION

The format for presenting the material on adolescent abuse and neglect can vary depending on the time available and the needs of the specific group. During the past year we presented the material in this module in three different formats and covered the content areas with varying depth. Below is an outline of the content areas that should be covered to develop a complete understanding of the issues involved in intervention and prevention of adolescent abuse and neglect. Following the outline are the three suggested formats.

Outline

ABUSE AND NEGLECT OF ADOLESCENTS: PREVENTION AND INTERVENTION

The module is designed to provide an overview of the phenomena of abuse and neglect of adolescents. The differences between child abuse and neglect and adolescent maltreatment are highlighted. Participants will gain awareness of the personal feelings and attitudes they bring to working with the adolescent member family. Special issues in adolescent development and adolescent member family development will be examined. Issues unique to this population which must be considered in intervention will be presented and discussed.

I. Introduction
Abused and neglected adolescents
    -extent of the problem
    -community and worker attitudes about teenagers and about adolescent abuse and neglect
    -differentiating from child abuse and neglect

II. Personal Awareness of feelings and attitudes about adolescent development
    -self awareness exercise
    -group discussion of personal recollections and current personal experiences

III. Definitions and identification
  A. Physical and behavioral evidence
  B. Special problems in identifying adolescent abuse and neglect
  C. Legal aspects

IV. Assessment
  A. Overview of interrelationship of family, individual and environmental components in abuse and neglect
  B. Developmental issues in families with adolescents
    1. adolescent development
    2. adult development
    3. adolescent family development
    4. developmental needs and resources in families with adolescents
  C. Differentiation of types of adolescent abuse and neglect
    1. historical significance
    2. current familial themes

V. Intervention
  A. Assessment of family needs and resources for change
    1. structural approaches
    2. utilizing the problem solving model
  B. Special resources in working with families with adolescents
    1. communication with abused and neglected adolescents
    2. contracting
    3. utilizing alternative services
      -schools
      -adolescent focused services, etc.
    4. short or long term physical separations
      a. maintaining emotional ties
      b. resolving relationships to allow separation
  C. Out of home placement
    1. decision making
    2. foster homes
    3. group homes
    4. residential treatment
    5. independent living

VI. Advocacy on behalf of clients
  A. Client advocacy
    1. schools
    2. community resources
    3. juvenile justice system
  B. Systems change advocacy on behalf of adolescents
    1. rights of adolescents
    2. child protection and juvenile code
    3. special service needs

Suggested Three Hour Workshop

Adolescent Abuse and Neglect: Prevention and Intervention

I. Overview of the problem
  - Definitions
  - Community and worker attitudes
  - Personal awareness of own values and attitudes

II. Identification
  - Behavioral and physical evidence
  - Special problems in identifying abused and neglected adolescents

III. Assessment
  - Overview of family, individual and environmental components in abuse and neglect
  - Specific issues in the family, individuals and environment of adolescent member families
  - Differentiation of types of adolescent abuse and neglect

IV. Intervention
  - A structural approach to families
  - Services for teenagers
  - Client advocacy

Suggested Two Day Workshop

Adolescent Abuse and Neglect:
Prevention and Intervention*

First Day

I. Introduction
Why we look at adolescent abuse and neglect as a distinct topic.
Extent of the problem - attitudes of community and workers.

II. Developing personal awareness
- exercises in exploring own adolescence
- bringing one's past into own work

III. Definitions and identification
- physical and behavioral evidence
- special problems in identification
- legal issues

IV. Assessment in abuse and neglect situations
- individual, family and environment
- adult development
- adolescent member family development
- potential areas of stress
- differentiation of types of adolescent abuse and neglect

Second Day

V. Family Intervention
- the problem solving model
- structual family intervention
- family sculpting

VI. Working with teenagers
- communicating
- contracting
- continuum of service
- advocacy

*see module workshop brochure

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FACULTY:

Marjorie Ziefert, ACSW - Assistant Professor of Social Work at Eastern Michigan University. Board member, Washtenaw County Coordinating Council for Children at Risk. Extensive background in teaching and training in Child Abuse and Neglect. Six years working with runaway youth and their families.

George Mink, PhD, Assistant Professor of Social Work at Eastern Michigan University. Has led workshops on quality of work life and time management; is a consultant to human services managers and supervisors; and has worked with foster care and adoption while project coordinator at PROJECT CRAFT at University of Michigan.

CONTINUING EDUCATION PHILOSOPHY

Professional social work practitioners recognize the need to constantly refine and update their knowledge and skills. This two day workshop can measurably meet some of the continuing education needs of the front line worker in child welfare settings. These continuing education sessions are not intended to be a substitute for professional degree curricula but rather should be a part of a continuum of continuing education and training opportunities in which each practitioner regularly participates.

CONTINUING EDUCATION UNITS (CEU)

Full participation in this workshop will enable participants to earn CEUs.

This session, its presentation and materials will be available with permission from the Department of Social Work, Eastern Michigan University.

For futher information contact:

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EASTERN MICHIGAN UNIVERSITY

DEPARTMENT OF SOCIAL WORK

CONTINUING EDUCATION MODULES
IN
CHILD WELFARE:
A FOCUS ON PREVENTION

ABUSE AND NEGLECT OF ADOLESCENTS: PREVENTION AND INTERVENTION

April 29 and 30, 1982
Tower Room
McKenny Union
Eastern Michigan University
Ypsilanti, Michigan

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ABUSE AND NEGLECT OF ADOLESCENTS: PREVENTION AND INTERVENTION

The Department of Social Work at Eastern Michigan University is committed to offer continuing education opportunities for practitioners. This continuing education workshop, "Abuse and Neglect of Adolescents: Prevention and Intervention" is the third and last in a series of different sessions offered relating to child welfare.

OBJECTIVES OF THE CONTINUING EDUCATION SERIES ON PREVENTION IN CHILD WELFARE:

- To offer continuing education sessions responsive to needs as identified by public and private agencies providing Child Welfare Services.

- To provide continuing education sessions for agency staff which will enhance their skills in preventing separation of children from their families and in developing permanent plans and supportive services to return children to their families.

OVERVIEW

This module is designed to provide an overview of abuse and neglect of adolescents. The differences between child abuse and neglect and adolescent maltreatment will be highlighted. Workers will gain awareness of the personal feelings and attitudes they bring to working with the adolescent family. Special issues in adolescent family development will be explored and intervention strategies unique to this population's needs will be presented.

WORKSHOP AGENDA

Thursday, April 29th

8:45 - 9:00 a.m. Registration

9:00 - 12:00 noon

A. Introduction to Adolescent Abuse and Neglect

B. Exploration of personal feelings and attitudes about adolescent development and your work with adolescents

C. Issues in identification

12:00 - 1:30 p.m. Lunch

1:30 - 4:30 p.m.

Assessment - the entire afternoon will be devoted to issues of assessment. Causes of child abuse and neglect will be reviewed. Special attention will be focused on adolescent and adult development.

Friday, April 30th

9:00 - 12:00 noon

A. Adolescent Family Development - Differentiation of types of abuse and neglect in adolescent families

B. Intervention implications for work with teens and families

12:00 - 1:30 p.m. Lunch

1:30 - 4:30 p.m.

A. Family Intervention

B. Working with adolescents - program implications

C. Advocacy

Suggested Course Outline

SWK 477
Special Topics: Abuse and Neglect of
Adolescents: Prevention and Intervention

Instructor: M. Ziefert
Spring 1982
One hour credit
(Five-2½ hour sessions)

COURSE DESCRIPTION:

This course is designed to provide an overview of the phenomena of abuse and neglect of adolescents. The differences between child abuse and neglect and adolescent maltreatment will be highlighted. Students will gain awareness of the personal feelings and attitudes they bring to working with families with adolescents and with adolescents individually. Special issues in adolescent family development will be explained and intervention strategies unique to this population's needs will be presented and discussed.

COURSE OBJECTIVES:

1. Students will develop an awareness of the need to identify abused and neglected adolescents who are otherwise labeled or unidentified.
2. Students will have increased awareness of a sensitivity to how one's own adolescence affects attitudes towards adolescent clients.
3. Students will be able to identify situations of adolescent abuse and neglect.
4. Students will be able to identify characteristics of adolescent development.
5. Students will be able to identify characteristics of mid-life development.
6. Students will be able to identify characteristics and tasks of "adolescent member families".
7. Students will be able to identify conflict areas in families where adolescent abuse and neglect is a symptom.
8. Students will be able to identify components of assessment process for intervention purposes.
9. Students will be able to assist families in reducing of stress and conflict in cases of adolescent abuse and neglect.

10. Students will be able to identify community resources needed to help families in cases of adolescent abuse and neglect.

11. Students will be able to have knowledge of two levels of client advocacy in adolescent abuse and neglect.

COURSE REQUIREMENTS:

1. Attendance will be required and quality of class participation will be considered in the grading.

2. A brief research paper on a current program for adolescents and their families will be required. The variety of topics for the paper include, but are not limited to:

   -working with families of adolescents
   -utilizing out of home placement for teenagers
   -linking families with out-of-home adolescents
   -alternative services for youth

   Topics must be approved by the instructor. The paper must be five to ten types pages with formal footnotes and bibliography. At least five journal articles from social work journals should be used.

   Students taking the class for graduate credit will have an additional assignment.

   Papers are due Friday, June 11 during class. Late papers will not be accepted except in an emergency.

REQUIRED READING:

The coursepack will be sold in class for $4.00. The Health and Human Services publication Selected Reading on Adolescent Maltreatment, DHHS Publication no. (OHDS 81-30301), March, 1981 to be given out. Additional handouts will also be required.

COURSE OUTLINE:

May 14

1. An overview of the course and needs assessment as to class expectations.

2. Exploration of personal history and the impact of own adolescent experiences on our lives and work.

3. Adolescent development - tasks and needs.

Readings:
for an overview of the topic--
Berdie, J., M. Baizerman and I.S. Lourie, "Violence Toward Youth: Themes from a Workshop" in Selected Readings on Adolescent Maltreatment, H.H.S., 1981.

Ziefert, Marjorie, "Abuse and Neglect: The Adolescent as Hidden Victim" in course pack.

adolescent development--
Silber, T.J., "Adolescent Development" in Selected Readings on Adolescent Maltreatment, H.H.S., 1981.

May 21

1. An overview of adult development
2. Developmental tasks of families with adolescents
3. Developmental conflicts in adolescent families
4. An overview of abuse and neglect - ecological understanding

Readings:
Lourie, Ira S., "Family Dynamics and the Abuse of Adolescents: A Case for a Developmental Phase Specific Model of Child Abuse" in Selected Readings on Adolescent Maltreament", H.H.S., 1981.
Konopka, Gisela, "Stresses and Strains in Adolescents and Young Adults" in coursepack.
Ackerman, Norman J., "The Family with Adolescents" in coursepack.

May 28

This session will be devoted to an experiential demonstration of developmental tasks and issues in families of adolescents through the use of family sculpting. We will focus on issues that potentially create conflict in adolescent member families.

June 4

1. Differentiation of types of abuse and neglect in adolescence
2. Intervention with families of adolescents

Readings:
Review Lourie and Ackerman articles previously assigned.
Manino, Fortune, and Milton Share, "Ecologically Oriented Family Intervention" in course pack.
Hartman, Ann, "Diagrammatic Assessment of Family Relationships" in coursepack.

June 11

Intervention with adolescents:
-communicating with teenagers
-community programs developed for adolescents
-out-of-home placement
-advocacy on behalf of adolescent clients

Readings:

The following are all from Selected Readings on Adolescent Maltreatment, H.H.S., 1981:

Garbarino, J., "Meeting the Needs of Mistreated Youth."
Hirose, J.Y., "Diogenes Youth Services."
Lourie, I.S., P. Compiglia, L.R. James and J. DeWitt, "Adolescent Abuse and Neglect: The Role of the Runaway Youth Programs."
Garbarino, J. and N. Jacobson, "Youth Helping Youth in Cases of Maltreatment of Adolescents."
Thomas, G., C.L. Johnson and R. Bransford, "Tele-Tape: A Method for Reaching Sexually Mistreated Adolescents."
Berman, S., "Representation of Adolescents in State Intervention Cases."

LEARNING EXPERIENCES

The purposes of these exercises are:

1. to provide participants with an opportunity to learn more about each other so as to enhance communication and risk taking during the workshop
2. to help participants to develop an awareness of their own adolescence and how their past influences their current work with adolescent clients
3. to use the participants own past life experiences as a learning tool in relation to the developmental needs of adolescents
4. to encourage participation of trainees in the sharing of ideas

Depending on the setting and the size of the group some modifications may be appropriate.

Some Introductory Exercises

--going around the room everyone shares name, agency, why interested in the topic and what they hope to come away with

--name game - going around a circle each person says his/her own name and the names of each person who went before him/her until the last person who must be able to identify each member by first name. This should be done in a co-operative and supportive manner with the group helping anyone who forgets any names

Critical Incident Exercise

Thinking back to your own adolescence write down several events or incidents that made you feel good about yourself; that were traumatic; that capture the essence of that period in your life.

--ten minutes of quiet thinking and writing

- --initial discussion is of a general nature with participants expressing general feelings and reminiscences that were conjured up by the exercise

- --going around the room each participant is asked to share an event and the circumstances surrounding it

- --group leader summarizes on newsprint - events can be grouped by theme

Generalizing from the three workshops - categories and participants events shared included:

New Values

Religious conflict - home/peers
Learning everyone didn't think alike
Wearing jeans when women only wore skirts

Peers

Greasers vs. college bound
Moving - no friends
Minority in community < race, religion

Control

Fighting to win battles
Wanting to buy a motorcycle
Getting out and making own decisions
Curfew
Not wanting to leave earlier than peers

Sexuality

Embarrassed at mother being pregnant
Buying tampax devastating
Being alone with a boy for the first time
Stuffing a bra with tissues
Asking a girl on a date
Wanting to shave legs

Crisis

Divorce
Parental death
Moving
New baby
Parent married
New siblings
Father alcoholic
Sexual abuse
School change

Other categories and events obviously exist. Developing the categories with the participants is a useful introduction to adolescent development. All of this material can be used later in the workshop. Interestingly, almost every participant had a major crisis during adolescence which had a major impact on his/her future and attitude towards work.

The last step in this exercise is to ask what values, attitudes and preconceived ideas participants bring to their work, based on their own past.

Comments included:

- -siding with the parents
- -always taking the side of the youth
- -delight in the youths' rebellion

-wishing he/she would fight back
-too painful to work with adolescents
-intolerant
-empathic especially with depressed adolescents

Summarizing from this exercise one can help participants use their awareness to separate their own situations from that of their clients as well as use their past situations to increase empathy and awareness of available options.

Modified Eco-map Exercise

Using the eco-map with the participant as an adolescent in the center, have them draw the various connections where they existed describing the nature of the connections with a descriptive word or by drawing different kinds of lines.

——————— strong

- - - - - - - - - - - tenuous

-/-/-/-/-/-/- stressful

Arrows along side the lines signify flow of energy, resources, etc.

⟶ ⟶ ⟶

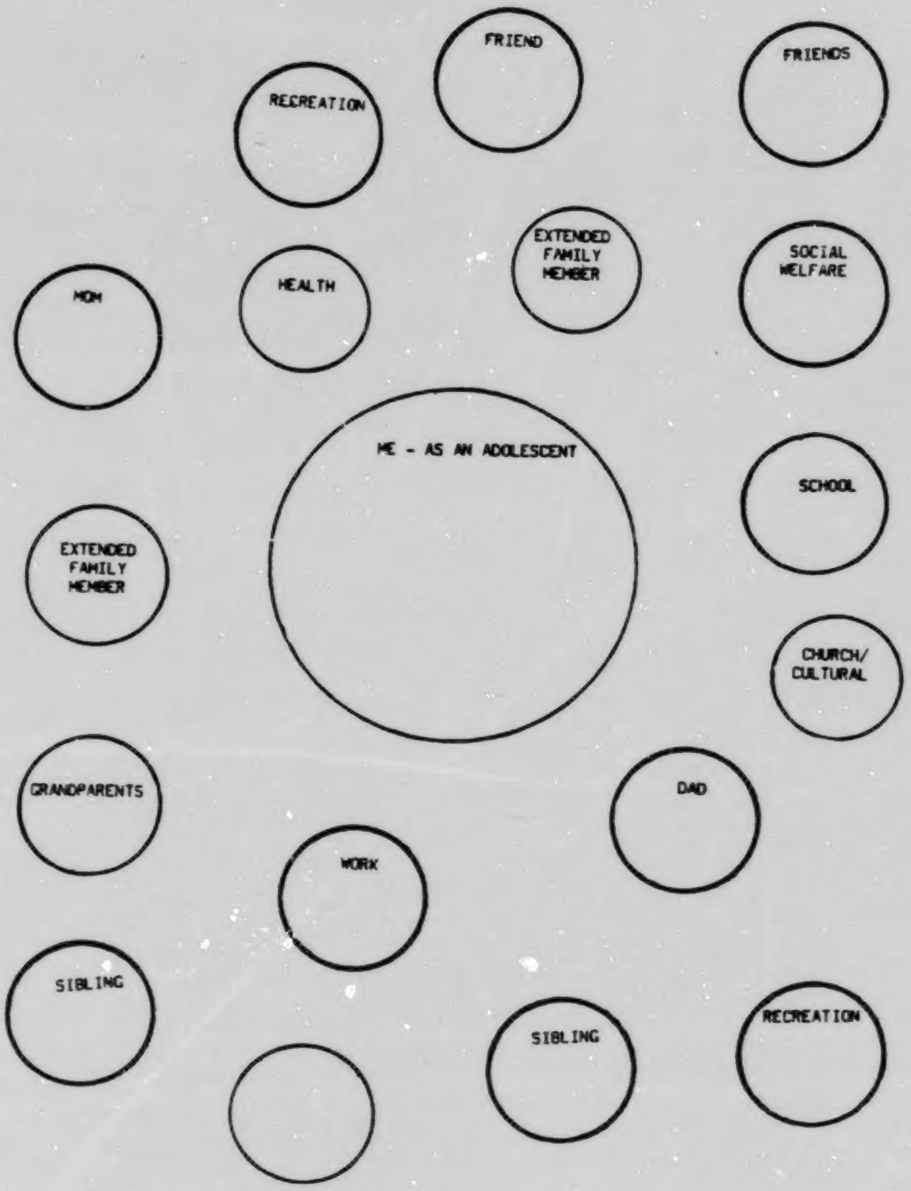
⟵ ⟵ ⟵

Debriefing from this exercise

List the various connections participants had. They will be repeated so have them listed only once. Participants will have varied connections with the same person or institution. (i.e. stressful or strong connection with school.)

This exercise is a good introduction to an ecological assessment of a situation and helps to demonstrate the unique ways individuals and their environments interact. It also highlights the numbers of potential connections within and outside a family that exist for an adolescent. (See Ann Hartman article for discussion of the uses of eco-maps in assessment.)

ECO-MAP


RECREATION
FRIEND
FRIENDS
MOM
HEALTH
EXTENDED FAMILY MEMBER
SOCIAL WELFARE
ME - AS AN ADOLESCENT
SCHOOL
EXTENDED FAMILY MEMBER
CHURCH/ CULTURAL
GRANDPARENTS
DAD
WORK
SIBLING
SIBLING
RECREATION

Adapted from Project CRAFT, February 1979

Feelings Exploration in Abuse and Neglect*

This is a dyadic exercise followed by a group discussion.

-Group members choose a partner for sharing feelings in response to the following questions

1. When I see or hear about abused children, I feel . . .

2. When I see or hear about abusive parents, I feel . . .

-Each partner has three minutes to respond to each question. The listener should not comment but jot down some adjectives to be used later. When one partner is finished answering both questions they reverse roles.

-Reconvene group and go around room asking each participant to share one feeling he recorded from what partner said. Do one question at a time and go around the room until all responses are exhausted for each.

-Conduct a discussion on how trainees feelings might affect them in their professional role.

Guide to discussion

-All feelings are OK. We all have a range of feelings.

-What effect could your feelings have on working with abusive families?

-How do you avoid letting your feelings impair your professional effectiveness?

-Note that in many instances the feelings listed in regard to abused children also exist in regard to abusive parents. Draw parallel and possible conclusions.

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*Adapted from We Can Help: A Curriculum on the Identification, Reporting, Referral and Case Management of Child Abuse and Neglect, developed by Urban and Rural Systems Associates for the National Center on Child Abuse and Neglect, September, 1976.

Brainstorming

Group members have unique experiences, skills and knowledge to bring to the training session. In presenting material from various sessions (ie. definitions, developmental tasks, intervention strategies) encouraging the sharing of participant's ideas without analysis of criticism. This involvement enriches the sessions and the learning experience.

-Explain to group what you would like their ideas about.

-Give a time limit for brainstorming

-On newsprint, record all ideas, unaltered and uncriticized

-Encourage "far out" ideas when relevant to the topic

-Lend support and encouragement to participants to continue adding to the list until time is up

-After the brainstorming ends participants can generalize or categorize or prioritize ideas depending on the purpose of the brainstorming session

-In a large group, dividing into smaller groups for brainstorming increases participation and generates more ideas

Family Sculpting

Family sculpting is a technique which allows for a multi-dimensional perspective on the relationship between family members. It is a nonverbal form of experiential learning in which participants are able to feel what it is like to be in a particular position in a family. Observers are able to view how one person's position affects all others and how one shift forces all in the sculpture to shift. For a description of this technique in family intervention see the Margaret Blake article in the Intervention section of this manual.

Family sculpting is a useful teaching tool. The leader serves as a guide in developing and processing the sculpting. Adolescent conflicts such as; independence versus dependence, the strength of the peer group, adult-youth developmental conflict, and control issues all lend themselves to sculpting. Sculpting, as a teaching tool, is also useful in finding solutions. Once the sculpture has been formed and actors express how they feel in their positions, they can be asked to resculpt into a position that feels more comfortable or resolves the conflict.

During the sculpting, the guide asks the actors and then the audience questions which elicit observations and feelings in regard to the various positions and the family as a whole.

-How do you feel in this family?

-How do you feel towards other members?

-What do you think relationships are like?

-As family repositions (ie. child grows up, parents get divorce, boyfriend enters family) how do things shift?

Role-Play

Role playing is a good technique for practicing skills in assessment and intervention.

-Situations can be created beforehand and role descriptions written on cards for each participant (including attitude and factual information) or group can decide on situation they would like to play out.

-Observers can be assigned specific roles to observe, or can be asked specific questions to bear in mind while observing. Each role player can be assigned a "coach" to help out and make suggestions as to behavior.

-Role players can redo role play, switching roles, so each participant has the opportunity to experience each role and play it out as he would like.

-Debriefing should occur with participants first - evaluating positive and negative aspects and sharing specific feelings or thoughts at specific moments. After this the audience also debriefs.

Suggested situations:

-A teenagers calls protective services to report that his parent threw him out of the house.

-An abused runaway youth and his family sit down with a family counselor for the first time.

-A school social worker is informed of bruises on a student and has to discuss them with her.

DEFINING AND IDENTIFYING ADOLESCENT ABUSE AND NEGLECT

OVERVIEW

Issues in Defining and Identifying Adolescent Abuse and Neglect

While there is no legal definition of abuse or neglect pertaining specifically to adolescents, statutory definitions of adolescent abuse and neglect are subsumed within the Child Protection Laws in every state in the nation. As such, the issues of definition of abuse and neglect are similar regardless of the child's developmental stage.

Most communities have developed a working definition that encompasses community standards of child rearing, respects cultural differences in child rearing practices, and establishes priorities based on quantities of referrals. It is important to remember that these laws do not articulate aspects of positive parenting or "quality care". Rather, they simply define a minimal standard of child care below which the community will not tolerate, and hence has the right to intervene. The flexibility of these laws is both an asset and a drawback in working in the area of child abuse and neglect. Its benefit is that it allows each locality to develop its own standards which reflect particular local values and concerns. Its primary deficit is that it may allow for insensitivity to ethnic and class differences in values and resources which impact on childhood development and parenting.

It is in the process of interpreting these laws that abused and neglected adolescents most often get overlooked. Although all states technically include teenagers in their child protection laws, many communities operationally exclude them. This can be done by discouraging referrals, not developing appropriate services, denying the existence of the problem or making youth referrals a low investigative priority. A combination of social factors contribute to the frequency of this practice. For example, physical injury to teenagers is often not as severe and, in any case, tends not to evoke the same sympathy as injury to younger and more "vulnerable" children. More centrally, abused or neglected youth often "act out" their anger and despair in response, and then are seen as "deserving" of harsh treatment. In consequence, many are funnelled into other systems that deal with labeled delinquents and status offenders. Some others, who become suicidal or drug involved become identified as clients of the mental health system. In either situation the youth is seen as "the problem" rather than the abuse or neglect. Because of this tendency, adolescents are often not counted in abuse and neglect statistics, and rarely is intervention focused on the family problems underlying maltreatment. A further difficulty in recognition and treatment of abused and neglected adolescents is the resistance that many service providers have to working with this age population. Frustration about lack of needed community resources, adult's mistrust of adolescent motivations, reawakening of one's own painful adolescent experience, and investment in molding particular outcomes all contribute to this resistance among providers.

Workers need to be sensitized to their legal obligations as well as to the long and short term necessity in intervening appropriately in adolescent abuse and neglect situations. The States Child Protection Law, included in this section, will give service providers some parameters within which to understand their legal obligations and expectations. The guidelines for defining physical, behavioral and interactional indicators which are presented in this section are intended to further develop awareness of the problem and its complex dimensions.

State of Michigan

CHILD PROTECTION LAW

Act No. 238, Public Acts of 1975, being Sections
722.621--722.636, Michigan Compiled Laws.

An ACT to require the reporting of child abuse and neglect by certain persons; to permit the reporting of child abuse and neglect by all persons; to provide for the protection of children who are abused or neglected; to authorize limited detainment in protective custody to authorize medical examinations; to prescribe powers and duties of the state department of social services to prevent child abuse and neglect; to safeguard and enhance the welfare of children and preserve family life; to provide for the appointment of legal counsel; to provide for the agrogation of privileged communications; to provide civil and criminal immunity for certain persons; to provide rules of evidence in certain cases; to provide for confidentiality of records; to provide for the expungement of certain records; to prescribe penalties; and to repeal certain acts and parts of acts.

The People of the State of Michigan enact:

Sec. 1. This act shall be known and may be cited as the "child protection law".

Sec. 2. As used in this act:
(a) "Child" means a person under 18 years of age.
(b) "Child abuse" means harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through nonaccidental physical or mental injury, sexual abuse, or maltreatment.
(c) "Child neglect" means harm to a child's health or welfare by a person responsible for the child's health or welfare which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
(d) "Department" means the state department of social services.

Sec. 3. (1) A physician, coroner, dentist, medical examiner, nurse, audiologist, certified social worker, social worker, social work technician, school administrator, school counselor or teacher, law enforcement officer, or duly regulated child care provider who has reasonable cause to suspect child abuse or neglect immediately, by telephone or otherwise, shall make an oral report, or cause an oral report to be made, of the suspected child abuse or neglect to the department. Within 72 hours the reporting person shall file a written report as required in this act. If the reporting person is a member of a hospital, agency, or school staff, he shall notify the person in charge thereof of his finding, that the report has been made, and make a copy of the written report available to the person in charge. One report from a hospital, agency, or school shall be deemed adequate to meet the reporting requirement.

(2) The written report shall contain the name of the child and a description of the abuse or neglect. If possible, the report shall contain the names and addresses of the child's parents, the child's guardian, or the persons with whom the child resides, and the child's age. The report shall contain other information available to the reporting person which might establish the cause of abuse or neglect and the manner in which it occurred.

(3) The department shall inform the reporting person of the required contents of the written report at the time the oral report is made.

(4) The written report required in this section shall be mailed to the county department of social services of the county in which the child suspected of being abused or neglected is found.

(5) Upon receipt of a written report of suspected child abuse or neglect, the department may provide copies to the prosecuting attorney and the probate court of the counties where the child suspected of being abused or neglected resides and is found.

Sec. 4. In addition to those persons required to report child abuse or neglect under section 3, any person, including a child, who has reasonable cause to suspect child abuse or neglect may report the matter to the department or law enforcement agency as indicated in section 2.

Sec. 5. The identity of a reporting person shall be confidential subject to disclosure only with the consent of that person or by judicial process. A person acting in good faith who makes a report or or assists in any other requirement of this act shall be immune from civil or criminal liability which might otherwise be incurred thereby. A person making a report or assisting in any other requirement of this act shall be presumed to have acted in good faith. This immunity from civil or criminal liability extends only to acts done pursuant to this act and does not extend to a negligent act which causes personal injury or death or to the malpractice of a physician which results in personal injury or death.

Sec. 6. (1) If a child suspected of being abused or neglected is admitted to a hospital or brought to a hospital for outpatient services and the attending physician determines that the release of the child would endanger the child's health or welfare, the attending physician shall notify the person in charge and the department. The person in charge may detain the child in temporary protective custody until the next regular business day of the probate court, at which time the probate court shall order the child detained in the hospital or in some other suitable place pending a preliminary hearing as required by section 14 of chapter 12a of Act No.288 of the Public Acts of 1939, as amended, being section 712a.14 of the Michigan Compiled Laws, or order the child released to the child's parent, guardian, or custodian.

(2) When a child suspected of being an abused or neglected child is seen by a physician, the physician shall make the necessary examinations, which may include physical examinations, x-rays, photographs, laboratory studies, and other pertinent studies. The physician's written report to the department shall contain summaries of the evaluation.

(3) If a report is made by a person other than a physician, or if the physician's report is not complete, the department may request a court order for a medical evaluation of the child. The department shall have a medical evaluation made without a court order if the child's health is seriously endangered and a court order cannot be obtained.

Sec. 7. (1) The department shall maintain a central registry system to carry out the intent of this act. Written reports, documents, or photographs filed with the department pursuant to this act shall be confidential records available only to:

(a) A legally mandated public or private child protective agency investigating a report of known or suspected child abuse or neglect.

(b) A police or other law enforcement agency investigating a report of known or suspected child abuse or neglect.

(c) A physician who has before him a child whom the physician reasonably suspects may be abused or neglected.

(d) A person legally authorized to place a child in protective custody when the person has before him a child whom the person reasonably suspects may be abused or neglected and the information is necessay to determine whether to place the child in protective custody.

(e) An agency having the legal responsibility or authorization to care for, treat, or supervise a child who is the subject of a report or record, or a parent, guardian, or other person who is responsible for the child's welfare.

(f) A person named in the report or record, if the identity of the reporting person is protected pursuant to section 5.

(g) A court which determines the information is necessary to decide an issue before the court.

(h) A grand jury which determines the information is necessary in the conduct of its official business.

(i) A person engaged in a bona fide research purpose. Information identifying a person named in the report shall not be made available to the research applicant unless the department has obtained that person's written consent. A research applicant shall not conduct a personal interview with a family without their prior consent and shall not disclose information which would identify the child or the child's family or other identifying information.

(2) A person who is the subject of a report made pursuant to this act may request the director of the department to amend or expunge an inaccurate or unsubstantiated report or record from the central registry. If the director refuses the request or fails to act within

30 days after receiving the request, the person shall be granted a hearing to determine whether the report or record should be amended or expunged on the grounds that it is inaccurate or is being maintained in a manner inconsistent with this act. The hearing shall be before a hearing officer appointed by the director and shall be conducted pursuant to Act. No. 306 of the Public Acts of 1969, as amended, being sections 24.201 to 24.315 of the Michigan Compiled Laws. A finding by a court of competent jurisdiction of child abuse or neglect shall be presumptive evidence that the report or record was substantiated. If the investigation of a report conducted pursuant to this act fails to disclose credible evidence of abuse or neglect, the information identifying the subject of the report shall be expunged from the central registry. If credible evidence of abuse or neglect exists, the information identifying the subject of the report shall be expunged when the child alleged to be abused or neglected reaches the age of 18, or 10 years after the report is received, whichever occurs later.

Sec. 8. (1) Within 24 hours after receiving a report made pursuant to this act, the department shall commence an investigation of the child suspected of being abused or neglected.

(2) In the course of its investigation, the department shall determine if the child is abused or neglected. The department shall cooperate with law enforcement officials, courts of competent jurisdiction, and appropriate state agencies providing human services in relation to preventing, identifying, and treating child abuse and neglect; shall provide, enlist, and coordinate the necessary services, directly or through the purchase of services from other agencies and professions; and shall take necessary action to prevent further abuses, to safeguard and enhance the welfare of the child, and to preserve family life where possible.

(3) In conducting its investigation, the department may seek the assistance of law enforcement officials and the probate court.

(4) If there is reasonable cause to suspect that a child in the care of or under the control of a public or private agency, institution, or facility is an abused or neglected child, the agency, institution, or facility, shall be investigated by an agency administratively independent of the agency, institution, or facility being investigated.

Sec. 9. (1) The department, in discharging its responsibilities under this act, shall provide, directly or through the purchase of services from other agencies and professions, multidisciplinary services such as those of a pediatrician, psychologist, psychiatrist, public health nurse, social worker, or attorney through the establishment of regionally based or strategically located teams.

(2) The department shall assure a continuing education program for department, probate court and private agency personnel. The program shall include responsibilities, obligations, and powers under this act and the diagnosis and treatment of child abuse and neglect.

(3) The department shall provide for the dissemination of information to the general public with respect to the problem of child abuse and neglect in this state and the facilities, prevention, and

treatment methods available to combat child abuse and neglect.

Sec. 10. The court, in every case filed under this act in which judicial proceedings are necessary, shall appoint legal counsel to represent the child. The legal counsel, in general, shall be charged with the representation of the child's best interests. To that end, the attorney shall make further investigation as he deems necessary to ascertain the facts, interview witnesses, examine witnesses in both the adjudicatory and depositional hearings, make recommendations to the court, and participate in the proceedings to competently represent the child.

Sec. 11. Any legally recognized privileged communication except that between attorney and client is abrogated and shall neither constitute grounds for excusing a report otherwise required to be made nor for excluding evidence in a civil child protective proceeding resulting from a report made pursuant to this act.

Sec. 12. This act shall not prohibit a person who has reasonable cause to suspect child abuse or neglect from making a report to the appropriate law enforcement officials or probate court.

Sec. 13. (1) A person required to report an instance of suspected child abuse or neglect who fails to do so is civilly liable for the damages proximately caused by the failure.

(2) A person who permits or encourages the unauthorized dissemination of information contained in the central registry and in reports and records made pursuant to this act is guilty of a misdemeanor.

Sec. 14. A parent or guardian legitimately practicing his religous beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian. This section shall not preclude a court from ordering the provision of medical services or non-medical remedial services recognized by state law to a child where the child's health requires it nor does it abrogate the responsibility of a person required to report child abuse or neglect.

Sec. 15. Act No. 98 of the Public Acts of 1964, being sections 722.571 to 722.575 of the Compiled Laws of 1970, is repealed.

Sec. 16. This act shall take effect October 1, 1975.

IDENTIFICATION OF ADOLESCENT ABUSE AND NEGLECT*

In general there are three types of indicators: physical, behavioral, and interactional. Physical indicators are those evidenced as bodily injury, physical trauma, or illness. Behavioral indicators refer to the actions of either the involved adolescent or the parent, and interactional indicators are those that are related to the ways in which adolescents and their parents interact with each other. However, indicators of each type may differ for each form of abuse or neglect--physical, sexual, and emotional abuse and the various forms of neglect.

At a minimum, suspicion of abuse or neglect in adolescents should be generated by indicators such as gross, unexplained physical injury or a recurring pattern of such injuries, self-reports of abuse or neglect, requests for protection for siblings, premature emancipation (at an age where parents are still legally responsible), or functional abandonment (a situation where parents still provide financially for a minor child who lives in an unsupervised setting).

There are several important points to remember about the following types of maltreatment. In some cases, two or more types of maltreatment may occur sequentially or concurrently. In each type, there are variations in the nature of the maltreatment (for example, physical abuse may range from a slap on the face to homicide); there is also a range of severity, frequency and age of onset. In addition, there is a range of personal and interpersonal dynamics associated with each type. It is important to note that the behavioral indicators listed below are most likely to occur in conjunction with a particular type of maltreatment; however, indicators may occur in conjunction with other types of maltreatment as well.

PHYSICAL ABUSE

Physical abuse of adolescents includes any nonaccidental injury caused by the youth's caretaker, such as beating, branding, or punching. By definition the injury is not an accident, but neither is it necessarily the intent of the youth's caretaker to injure the youth. Physical abuse may result from over discipline or from punishment which is inappropriate to the adolescent's age or condition.

The nature of the physical abuse may vary; it may be a "one-time" beating or punch, episodic abuse, long term chronic abuse, physical restraint or confinement, or torture.

Physical Indicators of Physical Abuse

The following physical indicators of physical abuse may be present in adolescents. It is important to remember that some of the physical indicators common in youth children, such as serious or multiple fractures, burns, and serious internal injuries, are rare in adolescent abuse cases.

*Unexplained bruises and welts

--on the face, lips, mouth or eyes

--in various stages of healing (bruises of different colors, for example, or old and new scars together)

--in clusters, forming regular patterns, or reflective of the article used to inflict them (electric cord, belt buckle)

--on several different surface areas (indicating the youth has been hit from different directions)

*Unexplained fractures

--to the nose, facial structure or extremities

--swollen or tender limbs

*Unexplained lacerations and abrasions

--to the mouth, lips, gums or eyes

--on the arms, legs or torso.

Behavioral Indicators of Physical Abuse

For adolescents, behavior may be the only clue to abuse and neglect. These behaviors may exist independent of or in conjunction with physical indicators. The following are some of the behaviors which may be associated with physical abuse:

*The adolescent exhibits exaggerated response to being touched--may react with fear or aggressiveness to touch whether it is playful, supportive or restraining.

*The adolescent seems extremely provocative and appears to push encounters to the point where others physically maltreat him or her.

*The adolescent demonstrates extremes in behavior--extreme aggressiveness or extreme withdrawl.

*The adolescent exhibits assaultive behaviors (physical assaults and homicide attempts).

*The adolescent appears to be or states that he or she is frightened of the parents.

*The adolescent reports injury by a parent.

*The adolescent acts out and is "incorrigible".

NEGLECT

Neglect involves inattention to the basic needs of an adolescent, such as clothing, shelter, medical care, and supervision. While physical abuse tends to be episodic, neglect tends to be chronic. When considering the possibility of neglect, it is important to note the consistency of indicators. Do they occur rarely, or frequently? Are they chronic (present most of the time), periodic (noticeable after weekends or absences), or episodic or situational (seen twice in a time when there was illness in the family)?

Physical Indicators of Neglect

The following are physical indicators of neglect:

*unattended physical problems or medical needs

*functional abandonment/lack of supervision

*"push outs" (youths who are involuntarily "emancipated").

Behavioral Indicators of Neglect

The following indicators are most likely to occur in situations of neglect; they may be present in instances of physical, emotional and sexual abuse, as well.

*truancy

*dropping out of school

*delinquent acts such as vandalism or theft

*alcohol and drug misuse and abuse (including overdoses).

SEXUAL ABUSE

Sexual abuse includes any contacts or interactions between an adolescent and an adult in which the youth is being used for the sexual stimulation of the perpetrator or another person. These acts, when committed by a person under the age of 18 who is either significantly older than the victim or in a position of power or control over another youth, may be considered sexual abuse.

Physical Indicators of Sexual Abuse

Sexual abuse is not often identified through physical indicators alone. Frequently, an adolescent confides in a trusted counselor or nurse that he or she has been sexually assaulted or molested by a caretaker, and that may be the first sign that sexual abuse is occuring.

There are some physical signs to be alert for, however. These include:

*venereal disease, particularly in a youth under 13

*pregnancy, especially in early adolescence

Behavioral Indicators of Sexual Abuse

The sexually abused adolescent may:

*have poor peer relationships

*be sexually provocative, for example the youth's manner of dress may be sexually provocative

*act out sexually

*engage in delinquent acts or run away

*appear withdrawn

*state that he or she has been sexually assaulted.

EMOTIONAL MALTREATMENT

Emotional maltreatment includes blaming, belittling or rejecting an adolescent; constantly treating siblings unequally; and deliberate and inforced isolation or continuous withholding of security and affection by the youth's caretaker. The emotional abuse which the adolescent experiences may be chronic or episodic or it may take the form of deprivation of the youth's rights (for example, forced abortion). Emotional maltreatment is rarely manifested in physical signs. More often it is observed through behavioral indicators, and even these indicators may not be immediately apparent.

Behavioral Indicators of Emotional Maltreatment

While emotional maltreatment may occur alone, it often accompanies physical abuse and sexual abuse. Emotionally maltreated adolescents are not always physically abused, but physically abused youths are almost always emotionally maltreated as well.

The emotionally maltreated adolescent may display:

*unusually poor ability to relate to adults

*poor peer relationships

*emotional disturbance (such as depression, withdrawl, psychotic episodes)

*self-mutilation, for example, scratching him or herself with instruments or fingernails, or picking at scabs so as to prevent them from healing

*anorexia (prolonged loss of appetite)

*suicidal gestures and attempts

*Excerpted from the U.S. Department of Health and Human Services, Office of Human Development Services, Adolescent Abuse and Neglect: Intervention Strategies. Publication No. (OHDS) 80-30266, July, 1980.

AUDIO-VISUAL AIDS FOR DEFINING AND IDENTIFYING ADOLESCENT ABUSE AND NEGLECT

Child Abuse and Neglect: What the Educator Sees. Sound Filmstrip (Available from the National Audiovisual Center)

This filmstrip presents physical and behavioral indicators of abuse and neglect which children are likely to display in a school setting. Teachers and other educators have a unique vantage point for identifying and responding to abused and neglected children. Physical signs of abuse; signs of suspected neglect, and behavioral indicators are presented. The problem of sexual abuse is also briefly discussed.

Issues in Reporting Child Abuse and Neglect. Sound Filmstrip (Available from the National Audiovisual Center)

Discussion of the effectiveness of child abuse and neglect reporting laws and a variety of reasons why child care professionals may be reluctant to report cases. Interviews with various professionals suggest ways of minimizing reporting resistance and improving the system. The origin, purpose, and basic provisions of reporting laws are briefly described.

Don't Get Stuck There. 16 mm Film (Available from Boystown Center)

This film about adolescent abuse documents the phenomena through interviews with abuse victims. It examines how these youth feel about themselves and others. The film "speaks" to teens and is a useful tool in granting permission to seek help if one is in this situation. Suggestions are made for possible means of getting needed help. It is a useful film to use with teens, community members and professionals to increase awareness of the problem and available options for teens and community agencies.

ASSESSMENT

ASSESSMENT OVERVIEW

Abuse and neglect are symptoms of difficulties in a family and in the family's relationship to its environment. A synthesis of the theoretical and research literature in the field suggests taking a broad perspective on problems and family dynamics to develop an accurate picture of the issues in a maltreating family. This involves an investigation of the individuals involved, the family system which they constitute, and the communal or ecological environment within which they interact. The relationships among these varied systems is always complex and intertwined, thus demanding multidimensional thinking about the family. The worker thus needs to be adept at analysing individual, family and environmental factors and their relationship to each other. Figure 1 illustrates the complexities of these relationships and suggests some specific problem areas that exist in abusive and neglectful families.

The areas in which planned intervention occurs must be based on mutual assessment and agreement between the worker and the client. Regardless of the scope or complexity of tasks, setting priorities and incremental goals makes the tasks seem more manageable to all partners in the intervention process. Assessment for intervention should incorporate multiple strategies including observation of family interaction, direct interaction with the client-family members, and reliance on information from other significant systems which impact on client families (ie. schools, service providers) or who are actively involved as family helpers.

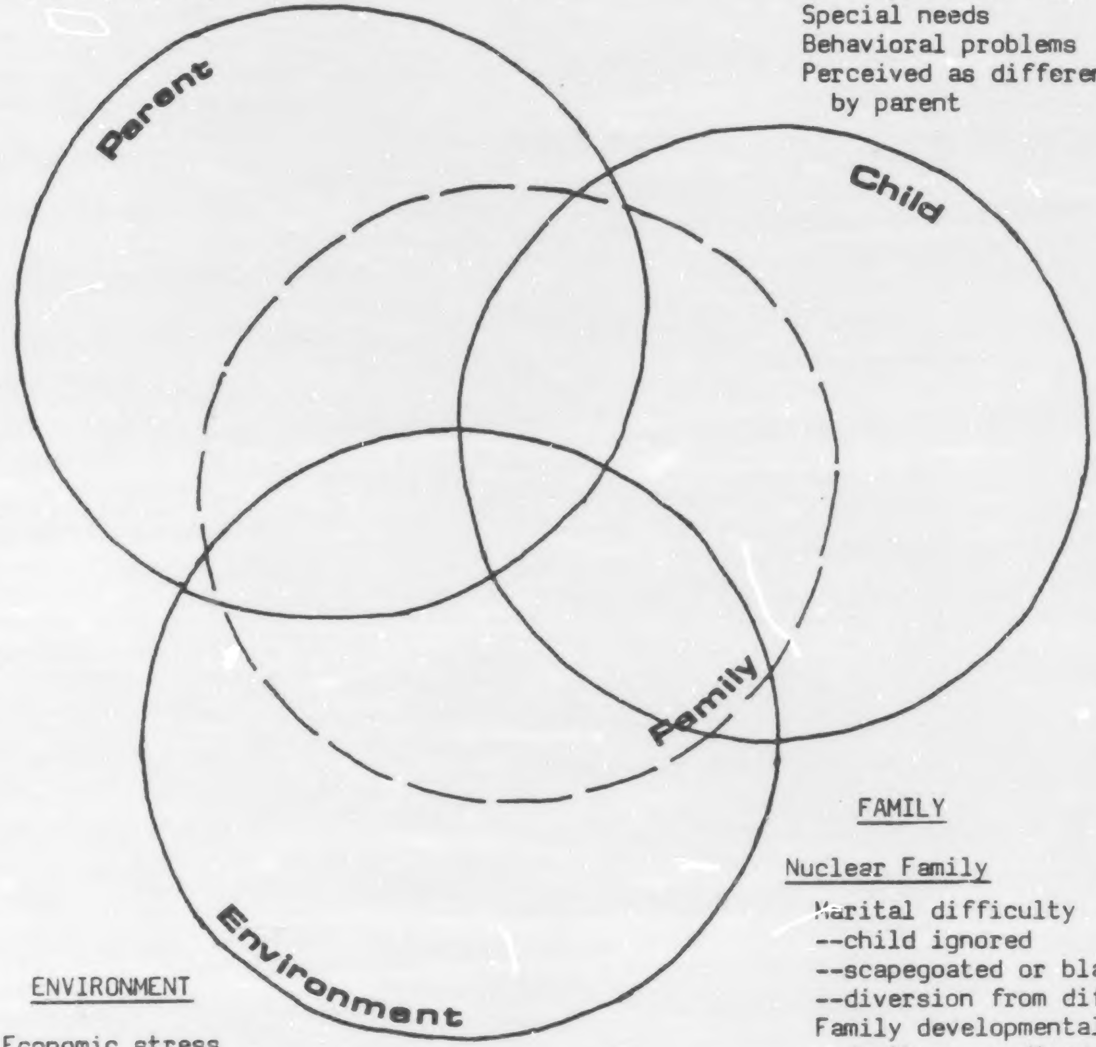
INTERPLAY OF FACTORS IN CHILD ABUSE AND NEGLECT

PARENT

W.A.R. cycle
Isolation
Lack of parenting skill or knowledge
Substance abuse
Role reversal
Strong discipline and high expectations
Developmental conflicts
Mental illness

CHILD

Developmental level
Special needs
Behavioral problems
Perceived as different
  by parent



ENVIRONMENT

Economic stress
Isolation
Chronic stress ie. job stress,
  chronic illness in family
Situational change ie. move, job loss

FAMILY

Nuclear Family

Marital difficulty
--child ignored
--scapegoated or blamed
--diversion from difficulty
Family developmental stress

death	divorce
birth	marriage

Extended Family

Overinvolvement
Underinvolvement

Prepared by Marjorie Ziefert

figure 1

The general individual, family and environmental factors outlined in Figure 1 need to be made specific to the family by taking into account the developmental life stage of the family and its individual members. Figures 2 and 3 illustrate the developmental issues relevant to the adolescent member family. Figure 2 further delineates the potential areas of conflict which exist as the youth and his/her parents proceed through their parallel courses of development.

The resource material in this section has been compiled to explicate both process and specific tasks in assessing adolescent abuse and neglect. Some of the material offered is general to developing an assessment of an individual or family in a variety of situations. The outline of the Problem Solving Model, The Structural Assessment, Ackerman's Guide to Family Diagnosis, and the Diagrammatic Assessment of Family Relationships all deal with general assessment issues. The World of Abnormal Rearing (WAR) Cycle, Categories of Adolescent Maltreatment and Stresses and Strains in Adolescents and Young Adults all address issues specific to assessment of abuse and neglect and adolescent member families.

CROSS STAGE INTERACTION

Challenges of Adolescent "Identity" ← mediated by social, cultural and economic variables → Challenges of Adult "Generativity"

↓

potential sources of conflict

↔

adjustment to physiological changes in body size and structure	developmental disability resistance to change	illness depression	adjustment to physiological changes in strength and stamina
developing sexual potence	sexual promiscuity	sexual fears debilitating illness	sexual adjustment and satisfaction
developing feelings of competence	feelings of lack of self-worth	no alternatives to parenting role	maintaining feelings of competence
developing individual and peer group identity	identity crisis isolation	fear of familial disintegration familial losses through death or divorce	consolidation and redefinition of primary relationships with spouse, friends, and children
exploration of potential life goals	aimlessness	disappointment feelings of hopelessness	assessment and readjustment of life goals
exploration and questioning of value options	self and socially destructive rebellion	inflexible rigidity	assessment of own values - achieving a balance between stability and change
developing self control	lack of self control	fear of loss of control	maintaining self control

Prepared by M. Ziefert

figure 2

THE STAGES OF THE FAMILY LIFE CYCLE*

Family Life Cycle Stage	Emotional Process of Transition: Key Principles	Second Order Changes in Family Status Required to Proceed Developmentally
1. Between Families: The Unattached Young Adult	Accepting parent offspring separation	a. Differentiation of self in relation to family of origin b. Development of intimate peer relationships c. Establishment of self in work
2. The Joining of Families Through Marriage: The Newly Married Couple	Commitment to new system	a. Formation of marital system b. Realignment of relationships with extended families and friends to include spouse
3. The Family With Young Children	Accepting new members into the system	a. Adjusting marital system to make space for child(ren) b. Taking on parenting roles c. Realignment of relationships with extended family to include parenting and gradparenting roles
4. The Family With Adolescents	Increasing flexibility of family boundaries to include children's independence	a. Shifting of parent-child relationships to permit adolescent to move in and out of system b. Refocus on mid-life marital and career issues c. Beginning shift toward concerns for older generation
5. Launching Children and Moving On	Accepting a multitude of exits from and entries into the family system	a. Renegotiation of marital system as a dyad b. Development of adult to adult relationships between grown children and their parents c. Realignment of relationships to include in-laws and grandchildren d. Dealing with disabilities of parents (grandparents)

	Family Life Cycle Stage	Emotional Process of Transition: Key Principles	Second Order Changes in Family Status Required to Proceed Developmentally
6.	The Family In Later Life	Accepting the shifting of generational roles	a. Maintaining own and/or couple functioning and interests in face of physiological decline; exploration of new familial and social role options b. Support for a more central role for middle generation c. Making room in the system for the wisdom and experience of the elderly; supporting the older generation without overfunctioning for them d. Dealing with loss of spouse, siblings and other peers and preparation for own death. Life review and integration.

*from The Family Life Cycle
by Elizabeth A. Carter
Monica McGoldrick

figure 3

OUTLINE OF PROBLEM-SOLVING MODEL - SHORT FORM*

Contact phase

- I. Problem identification and definition
    - A. Problem as client sees it
    - B. Problem as defined by significant systems with which client system is in interaction (family, school, community, others)
    - C. Problem as worker sees it
    - D. Problem-for-work (place of beginning together)

- II. Goal identification
    - A. How does client see (or want) the problem to be worked out?
        - 1. Short-term goals
        - 2. Long-term goals
    - B. What does client system think is needed for a solution of the problem?
    - C. What does client system seek and/or expect from the agency as a means to a solution?
    - D. What are worker's goals as to problem outcome?
    - E. What does worker believe the service system can or should offer the client to reach these goals?

- III. Preliminary contract
    - A. Clarification of the realities and boundaries of service
    - B. Disclosure of the nature of further work together
    - C. Emergence of commitment or contract to proceed further in exploration and assessment in a manner that confirms the rights, expectations, and autonomy of the client system and grants the practitioner the right to intervene

- IV. Exploration and investigation
    - A. Motivation
        - 1. Discomfort
        - 2. Hope
    - B. Opportunity
    - C. Capacity of the client system

Contract phase

- V. Assessment and evaluation
    - A. If and how identified problems are related to needs of client system
    - B. Analysis of the situation to identify the major factors operating in it
    - C. Consideration of significant factors that contribute to the continuity of need, lack, or difficulty
    - D. Identification of the factors that appear most critical, definition of their interrelationships, and selection of those that can be worked with

E. Identification of available resources, strengths, and motivations
F. Selection and use of appropriate generalizations, principles, and concepts from the social work profession's body of knowledge
G. Facts organized by ideas - ideas springing from knowledge and experience and subject to the governing aim of resolving the problem - professional judgment

VI. Formulation of a plan of action - a mutual guide to intervention
A. Consideration and setting of a feasible goal
B. Determination of appropriate service modality
C. Focus of change efforts
D. Role of the worker
E. Consideration of forces either within or outside the client system that may impede the plan
F. Consideration of the worker's knowledge and skill and of the time needed to implement the plan

VII. Prognosis - what confidence does the worker have in the success of the plan?

Action phase

VIII. Carrying out of the plan - specific as to point of intervention and assignment of tasks; resources and services to be utilized; methods by which they are to be used; who is to do what and when

IX. Termination
A. Evaluation with client system of task accomplishment and meaning of process
B. Coping with ending and disengagement
C. Maintenance of gains

X. Evaluation
A. Continuous process
B. Was purpose accomplished?
C. Were methods used appropriate?

*Taken from Social Work Processes by Compton and Galaway , pp. 246-248.

STRUCTUAL FAMILY ASSESSMENT

Glossary of Terms and Assumptions

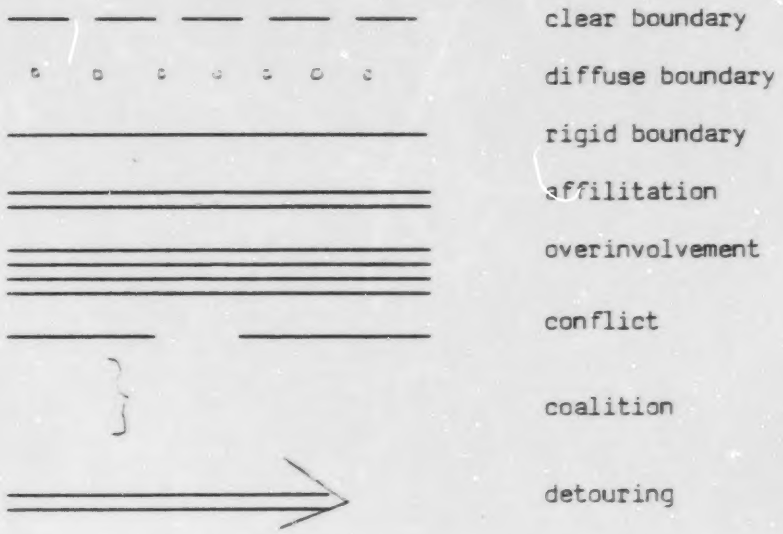
Assumptions on context of family system

1. The individual influences his context and is influenced by it in constantly recurring sequences of interactions.
2. Changes in family structure contribute to changes in behavior and inner psychic processes of members of the system.
3. The therapist becomes part of the context.
4. Structural family therapy is directed toward changing the organization of the family. When family structure is transformed, positions of family members are altered accordingly.

Assessment of Family Structure

A family map is an organizational scheme . . . a powerful simplification device which allows the therapist to organize material . . . formulate hypotheses about functional and dysfunctional areas.

Keys to map


clear boundary
diffuse boundary
rigid boundary
affilitation
overinvolvement
conflict
coalition
detouring

Tasks of the therapists:

1. Observation of family structure
   Who is spokesperson?
   Are verbal communications supported or contradicted by family behavior?
   Who is close to whom?
   What are rules of transaction?

2. Forming an hypothesis about structure--a map

3. Probe: Test the boundaries to confirm or invalidate hypothesis.
   Responses to probes are:
   a. family assimilates input from therapist
   b. family accomodates to probe by expanding transactional patterns
   c. family responds as if it's a totally novel situation

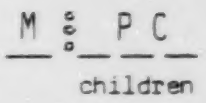
   Examples of probes--imposing a rule about communication
   ("Nobody talks for anyone else")
   -physical relocation
   ("Susie, would you sit by me")
   -identifying process of how one person activates another
   ("Mom, I notice every time Johnny gets up, you seem to start talking more.")

4. Based on outcome of probes, reformulate hypothesis

5. Examine (in addition to structure) -
   flexibility; enmeshment/disengagement; supports and stresses; lifecycle stage and tasks; functional aspects of identified patients' symptom.

Typical Family Structures

The parental child



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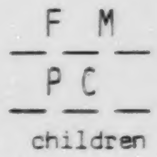
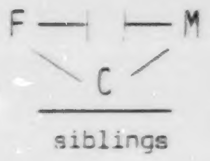
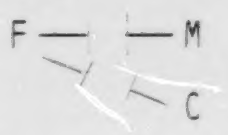


Triangles



Rigid triangle as stable coalition



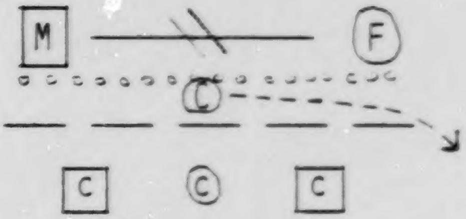
6. Examples of dysfunctional family patterns

Enmeshment and Disengagement

enmeshment |← "normal" →| disengagement

Appropriateness of closeness and distance determined by relationship (ie. spouse, child), life stage (ie. infant, adolescent member family), cultural patterns. Intervention goal is to help family restructure itself to allow functional relationships to emerge.

Family Subsytem Boundaries



One child in parental subsytem

Goal of intervention is to remove child from marital subsystem and place him/her in the sibling sub-system with clear boundary.

Terms:

mimesis - adapting to family's tempo, style (i.e. mimicing)

maintenance - providing planned support for the family structure

joining - the therapist accepts the family's organization and style and blends with them, experiencing the transactional patterns

accomodation - the therapist adjusts himself for the purpose of joining

tracking - the therapist follows the content of the family's communication and behavior and encourages them to continue structure - an invisible set of functional demands which organize the ways in which family members interact -- transactional patterns

enmeshment - an extreme of boundary functioning in which family members are undifferentiated, with consequent lack of autonomy and clarity. Example - parents who are overly concerned and anxious because a child refuses to eat dessert.

disengagement - the extreme of boundary functioning in which boundaries are rigid, family members are uninvolved, unconcerned.

subsystems - within a family system there are the spouse subsystem, the parental subsystem, the sibling subsystem and a variety of other dyodic and triodic systems.

disequilibrium or unbalancing - a dysfunctional system is locked into a rigid or stereotypic mode of functioning. By joining a subsystem, blocking transactions, or creating distances between subsystems, the therapist can create a stress which will cause family members to develop different transactional patterns.

restructuring - once a system is unbalanced, new positions, subsystems, transactional patterns can be developed. Restructuring techniques include:

enactment - actualizing transactional patterns

recreating communication channels

manipulating space in session

marking boundaries, of individuals and subsystems

blocking transactional patterns

developing conflict

joining a subsystem of forming a coalition

assigning tasks (in the session or as homework)

exaggerating the symptoms

de-emphasizing the symptoms

relabeling the symptom

manipulating mood or affect

support, education, guidance

Compiled by Emily Jean McFadden, ACSW from Minuchin, Salvador, Families and Family Therapy, Harvard University Press, Cambridge, Massachusetts, 1974.

ACKERMAN'S GUIDE TO FAMILY DIAGNOSES

1. Presenting family or individual problem
2. External and internal stresses affecting the family
3. Composition of the family--physical setting, social and cultural pattern
4. Internal organization of the family--emotional climate, communication patterns, shared goals, activities, and pleasures; lines of authority, division of labor, and child-rearing attitudes
5. Family conflict, family defenses or patterns of restitution, and identity and stability of the family
6. External adaptation of the family to the community
7. Values, expectation, strengths, assets or the family and their attitude toward therapeutic intervention
8. Current family functioning
   a. Current marital relationships with role adaptation of both marital partners at the sexual, social, and emotional levels, including how each partner perceives the other's role
   b. Current parental relationship
   c. Current parent-child relationship
   d. Sibling relationships
9. Personality make-up of each individual member
10. Relations with the primary parental families
11. Developmental history of the primary families

Dr. Nathan Ackerman
Ackerman Institute for Family
Therapy
149 East 78th Street
New York, NY 10021

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Family Service America, Social
Casework, October, 1978.

DIAGRAMMATIC ASSESSMENT OF FAMILY RELATIONSHIPS

Two methods of diagramming family relationships offer insights into complex family and community interactions and facilitate the interviewing and intervention process

ANN HARTMAN

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Integrating new knowledge and conceptual frameworks from many sources that inform and support social work practice is a long and arduous process. General systems theory, which was introduced to social workers over twenty years ago, has been particularly difficult to assimilate because it is so abstract. The distance is great between the lofty principles enunciated by systems theorists and the practical knowlegde and skill that guide the practitioner's work with people, day by day. The field has made some progress in utilizing systems concepts in developing middle-range theory, in organizing practice models, in extending and clarifying the boundaries of the unit of attention, and in prescribing general directions for action. Professionals in the field are now at the point of attempting to translate concepts from the middle-range theory into specific and testable prescriptions for practice.

Particularly interesting is the potential a systems orientation has for altering cognitive styles and enabling practitioners to organize and process increasingly complex systems of variables. The attempt here is to derive from systems framework new conceptual models that can enhance the practitioner's and the client's perceptions of reality, thereby contributing to competence and creative adaptation in therapy.

Social workers, in attempting to understand their traditional unit of attention - the person in his total life space over time - are faced with an overwhelming amount of data. These data must be ordered, selected, and arranged to reduce confusion and overload. Edward Tolman has likened this mediating process to a map room where intervening cognitive charts shape data, lending meaning and manageability to the influx of information. These cognitive patterns have tremendous influence on how reality is percieved, but are not readily observed or easily changed. They are an ongoing and familiar part of the self and, as Frederick Duhl has pointed out, "that which is constantly experienced is neutral to awareness, being so immersed in the identity, so 'egosyntonic,' that it is rarely open to observation or challenge." As social workers interact with their enviornment, these mediating cognitive processes so strongly imprint a particular view of reality that they may well be just as crucial as knowledge and values in determining professional decision making.

In dealing with almost continual information overload, cognitive processes tend to operate analytically: to partialize, to abstract parts from wholes, to reduce, and to simplify. Although this makes data more manageable, it does damage to the complexity inherent in reality. Ways of conceptualizing causation have tended to be particularly reductionist as reality is arranged in chains of simple cause and effect reactions. Such linear views reflect the limitations of thought and language rather than the nature of the real world, where human events are the result of transactions among multiple variables.

An emphasis on identifying the roots of problematic conditions in tremendously complex situations has frequently pushed social workers into supporting simplistic explanations and into arguements over what is the cause and hence the cure. Since nineteenth century scientism found expression in Mary E. Richmond's *Social Diagnosis*, the profession has struggled with the temptation to deal with this "radically untidy universe" through reductionist solutions growing out of reductionist assessments.

If social workers are to avoid reductionism and scientism, if they are to translate a systems orientation into practice, they must learn to "think systems," or to develop within their own cognitive map rooms new and more complex ways of imprinting reality. They must then devise ways of using this view in specific interventive techniques and strategies.

As one learns to "think systems," one tends to move to the use of metaphor and to the use of visual models in order to get beyond the constraints of linear thought and language. Social workers have always been frustrated in writing psychosocial summaries - they find it not unlike the attempt to describe the action in a football game over the radio. In attempting to describe the complex system of transacting variables, the meaning and the nature of the integration of the variables and the totality of the events and action is lost. The use of metaphor in poetry and of two- and three-dimensional simulations in painting and sculpture demonstrate the integrative power of such approaches. Similar artistry can be used to expand the social worker's understanding of the nature of reality. Of many possibilities, two simple paper-and-pencil simulations have proved to be particularly useful, not only as assessment tools, but in interviewing, planning, and intervention.

One simulation is the eqological map or "eco-map," which was originally developed three years ago as an assessment tool to help workers in public child welfare practice examine the needs of families. This tool pictures the family or the individual in the life space and has since been tested in a variety of settings with a wide range of clients. The second simulation is the genogram, which has been used by systems-oriented family therapists to chart intergenerational family history. This tool has also been found to be highly adaptable for use with individuals or families in many different settings where it is important to understand the development of the family system through time.

THE ECOLOGICAL METAPHOR

The task of making general systems concepts operational and humane, of giving them flesh and blood meaning, presents a difficult challenge. Although "input," "throughput," "moving steady state," and "deviation amplifying feedback loops" are precise and useful concepts, they mean little to social workers if they are unrelated to a human context. Recently, there has been a growing effort to utilize the science of ecology as a metaphorical way of humanizing and integrating systems concepts. The science of ecology studies the delicate balance that exists between living things and their enviornments and the ways in which this mutuality may be enhanced and maintained.

In utilizing the ecological metaphor, it is clear that the salient human enviornment includes far more than air, water, food, spatial arrangements, and other aspects of the physical enviornment. Human enviornments also include networks of inate human relationships. Further, over the centuries, human beings have erected elaborate social, economic, and political structures that they must sustain and through which their needs are met. People must maintain an adaptive mutuality with these intricate systems which are required for growth and self-realization.

An ecological metaphor can lead social workers to see the client not as an isolated entity for study, but as a part of a complex ecological system. Such a view helps them to focus on the sources of nurturance, stimulation, and support that must be available in the intimate and extended enviornment to make possible growth and survival. It also leads to a consideration of the social, relational, and instrumental skills individuals must have to use possibilities in their enviornment and to cope with its demands.

THE ECO-MAP

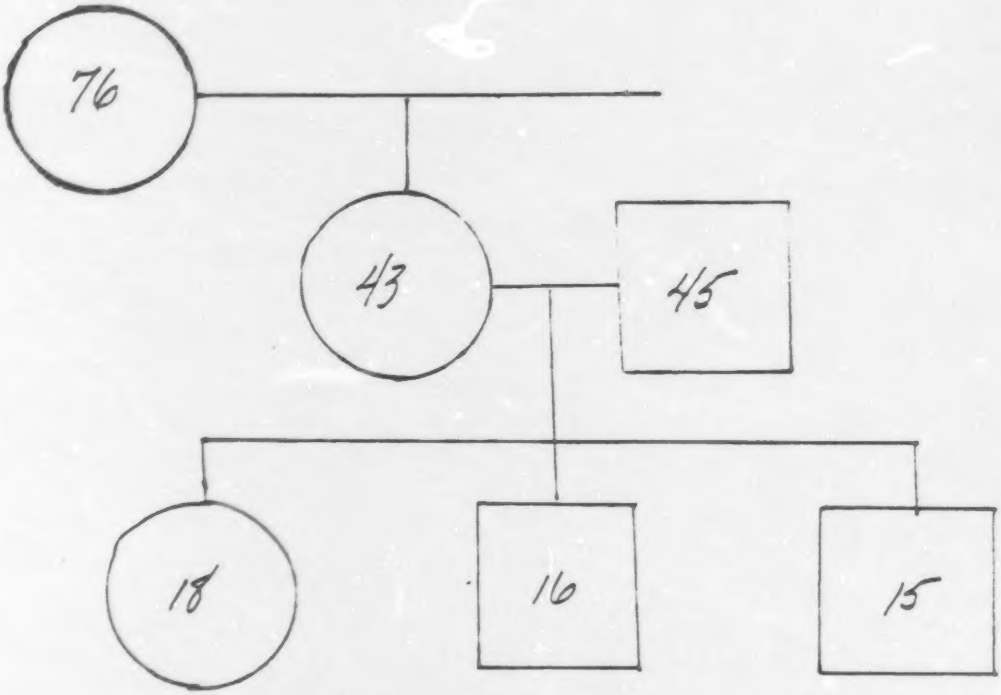
The eco-map is a simple paper-and pencil simulation that has been developed as an assessment, planning, and interventive tool. It maps in a dynamic way the ecological system, the boundaries of which encompass the person or family in the life space. Included in the map are the major systems that are a part of the family's life and the nature of the family's relationship with the various systems. The eco-map portrays an overview of the family in their situation; it pictures the important nurturant or conflict-laden connections between the family and the world. It demonstrates the flow of resources, or lacks and deprivations. This mapping procedure highlights the nature of the interfaces and points to conflicts to be mediated, bridges to be built, and resources to be sought and mobilized. Although all one needs is a piece of paper and a pencil, it saves time to have "empty" maps available. These maps can be worked on by an individual or a family.

INSTRUCTIONS FOR DRAWING AN ECO-MAP

First the nuclear family system or household is drawn in a large circle at the map's center. It has been common practice in mapping families to use squares to depict males and circles to depict females. Relationships are indicated as in the traditional family tree or genetic chart. It is useful to put the person's age in the center of the circle or square. Thus a circle with "80" in the center would represent and elderly woman.

Figure 1 (see page 5) represents a household consisting of a father, a mother, three children, and the wife's mother. The usefulness of this is demonstrated when one considers the number of words it would take to portray the facts thus represented. (The mapping of more complex nuclear family systems will be demonstrated in the discussion of genograms.)

Figure 1



After drawing the household in the large circle in the middle, add the connections between the family and different parts of the enviornment. In the empty map (Figure 2), some of the most common systems in the lives of most families have been labeled, such as work, extended family, recreation, health care, school, and so on. Other circles have been left undesignated so that the map can be individualized for different families.

Connections between the family and the various systems are indicated by drawing lines between the family and those systems. (See figure 3) The nature of the connections can be expressed in the type of line drawn: A solid or thick line represents an important or strong connection and a dotted line a

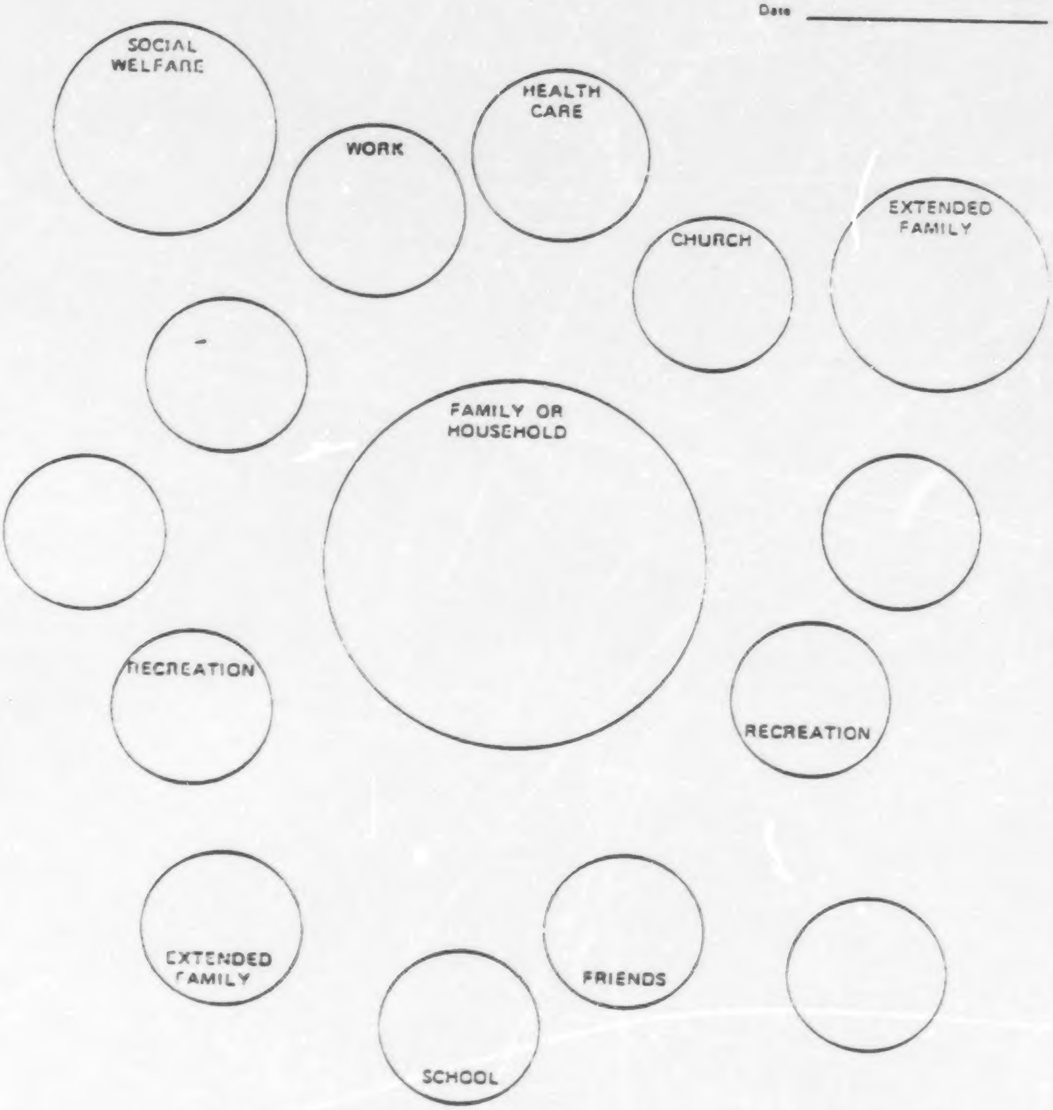
Diagrammatic assessment of family relationships

Figure 2

ECO-MAP

Name ____________________

Date ____________________


SOCIAL WELFARE
HEALTH CARE
WORK
CHURCH
EXTENDED FAMILY
FAMILY OR HOUSEHOLD
RECREATION
RECREATION
EXTENDED FAMILY
FRIENDS
SCHOOL

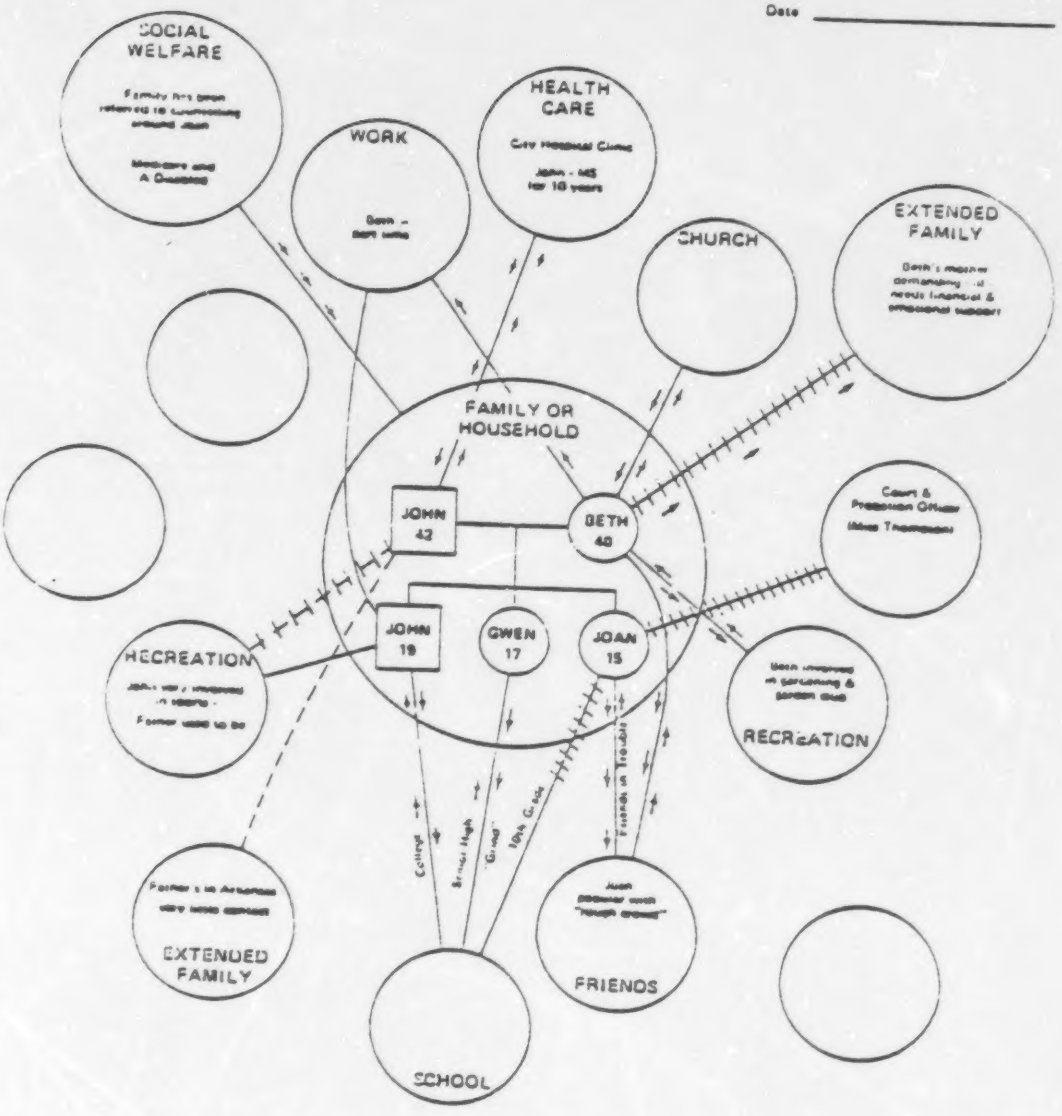
BEST COPY AVAILABLE

Figure 3

ECO-MAP

Name ______________________

Date ______________________


SOCIAL WELFARE
WORK
HEALTH CARE
City Hospital Clinic
John - MS for 10 years
CHURCH
EXTENDED FAMILY
Court & Probation Officer
FAMILY OR HOUSEHOLD
JOHN 42
BETH 40
JOHN 19
GWEN 17
JOAN 15
RECREATION
EXTENDED FAMILY
College
Senior High
"Good"
10th Grade
Friends in Trouble
SCHOOL
FRIENDS
RECREATION

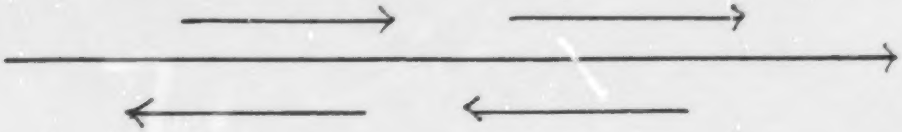
Fill in connections where they exist.

Indicate nature of connections with a descriptive word or by drawing different kinds of lines:

———— for strong – – – – – – for tenuous +++++++ for stressful

Draw arrows along lines to signify flow of energy, resources, etc. ⟶

Identify significant people and fill in empty circles as needed tenuous connection; jagged marks across the line represents a stressful or conflicted relationship. It is useful to indicate the direction of the flow of resources, energy, or interest by drawing arrows along the connecting lines:



In testing the eco-map, it has been found that the use of the three kinds of lines for conflicted, strong, and tenuous relationships is an efficient shorthand when the worker uses the eco-mapping procedure , without the family, as an analytic tool. However, when using the map as an interviewing tool, this code has often been felt to be too constraining. Workers have preferred to ask clients to describe the nature of the connection and will then qualify that connection by writing a brief description along the connecting line.

Connections can be drawn to the family as a whole if they are intended to portray the total family systems relationship with some system in the enviornment. Other connections can be drawn between a particular individual in the family and an outside system when that person is the only one involved with an outside system in different ways. This enables the map to highlight the contrasts in the way various family members are connected to the world.

It is easy to learn to plot the eco-map and it is important to become comfortable with the tool before using it with clients. A simple way to learn is to sketch out one's own eco-map. It is also useful to practice with friends. By then, one is generally ready to use it with clients.

USES OF THE ECO-MAP

No matter how the eco-map is used, its primary value is in its visual impact and its ability to organize and present concurrently not only a great deal of factual information but also the relationships between variables in a situation. Visual examination of the map has considerable impact on the way the worker and the client percieve the situation. The connections, the themes, and the quality of the family's life seem to jump off the page and this leads to a more holistic and integrative perception. The integrative value of visual experience was aptly expressed by one twelve-year-old client when he said, "Gee, I never saw myself like that before!"

Initially, the eco-map was developed as a thinking tool for the worker. It was helpful in organizing material and in making an assessment. Sketching out an eco-map in the early stages of contact brought out salient areas of the family's life space that had not as yet been explored and suggested hypotheses for treatment. Before long, it became apparent that the eco-map would make a useful interviewing tool. Client and worker cooperated in picturing the client's life space. This led to much more active participation on the part of the client in the information-gathering and assessment process. The growing collaborative relationship between worker and client was often expressed in a change in seating arrangements as the two tended to sit shoulder-to-shoulder, working together on the joint project.

Sharing the eco-mapping process also led to increased understanding and acceptance of the self on the part of the client. For example, an almost empty eco-map helps the client objectify and share loneliness and isolation. An eco-map full of stressful relationships showing all of the arrows pointing away from the family may lead a father to say, "No wonder I feel drained, everything is going out and nothing is coming in!" The eco-map has been extensively tested with natural parents working toward the return of their placed children through the Temporary Foster Care Project of the Michigan Department of Social Services. Fostercare workers noted that parents who were generally angry and self-protective following placement of their children because of abuse or neglect were almost without exception engaged through the use of the map. Workers were aware of a dramatic decrease in defensiveness. The ecological perspective made it clear to parents that the worker was not searching for inner defects but rather was interested in finding out what is was like to be in the client's space, to walk in their shoes.

In working with the eco-map, clients have responded in some unanticipated ways. Although it was expected that they would gain a new perception by being able to step outside and look at themselves and their world, the emotional importance of the maps to the clients was a surprise. One mother demonstrated this early in the project by putting the eco-map on her kitchen wall. In responding to clients' attachments to maps, workers have regularly arranged to have them photocopied or have used pencil carbon so that clients may have a copy.

CONTRACTING AND INTERVENTION

The eco-map has also been a useful tool in planning and has had considerable impact on intervention. Because it focuses attention on the client's relationship with his life space, interventions tend to be targeted on the interface, with both worker and client becoming active in initiating changes in the life space. Problematic conditions tend to be characterized as transactional and as a function of the many variables that combine to affect the quality of the individual's or family's life.

In the Temporary Foster Care Project mentioned above, the worker and client moved quite naturally from the eco-map to a task-oriented contract. They talked together about the changes that would be needed in the eco-map before the family could be reunited. They identified problem areas, resources needed, and potential strengths and planned what actions were needed to bring about change. Further, they established priorities and developed a contract describing the tasks to be undertaken by the worker and by the client.

The uses of the eco-map have multiplied in the hands of creative practitioners. For example, it has been used to portray the past and the future: In a rehabilitation program in a medical setting a social worker used eco-maps with clients to picture their world before their accident or illness; this helped clients to objectify what changes would be made in their lives following hospitalization. It helped them to mourn interests and activities that would have to be relinguished and also to recognize sources of support and gratification that would continue to be available. The mapping encouraged anticipatory planning and preparation for a new life, consideration of appropriate replacements for lost activities, and possible new resources to be tapped, all of which could expand the client's horizons. This technique was not only useful with the patient alone but was very helpful in conjoint work with disabled persons and their families.

Retrospective use of the map tends to highlight changes in a client's life space that could have precipitated current difficulties. When families and individuals seek help, a major question is always, "Why has the client sought help now?" A review of the changes that have taken place in the previous months may well bring to light shifts of which the client was quite unaware.

Recordkeeping and Measures of Change

A complete eco-map deposited in a case record is a useful tool to present and record a case situation. Not only does it tend to keep the total situation clear for the worker, it can also serve as a means of communication to others should a staff member have to respond to a client in the absence of the regular worker. A crisis walk-in center where case responsibility is shared by a team to provide extended coverage used the eco-map this way.

Finally, eco-maps can be used to evaluate outcomes and measure change. For example, a ten-year-old boy on a return visit to a school social worker asked for the map. He had made a new friend and wanted to put him on the map. The mother who had hung the map in the kitchen called her worker after two months of considerable activity on both their parts. She wanted to come into the office to plot another map so that she and the worker could look together at the changes. A comparison of eco-maps done at outset and at termination can help clients and workers measure the changes that have taken place. As such the maps can become an important device in maintaining accountability.

THE GENOGRAM

Families not only exist in space but also through time, and thus a second kind of simulation is needed to picture the development of the powerful relationship system. Not only is each individual immersed in the complex here-and-now life space, but each individual is also part of a family saga, in an infinitely complicated human system which has developed over many generations and has transmitted powerful commands, role assignments. and patterns of living and relating down through the years. Each individual and each family is deeply implicated in this intergenerational family history.

Just as the eco-map can begin to portray and objectify the family in space, so can the genogram picture the family system through time, enabling an individual to step out of the system, examine it, and begin to gain a greater understanding of complex family dynamics as they have developed and as they affect the current situation.

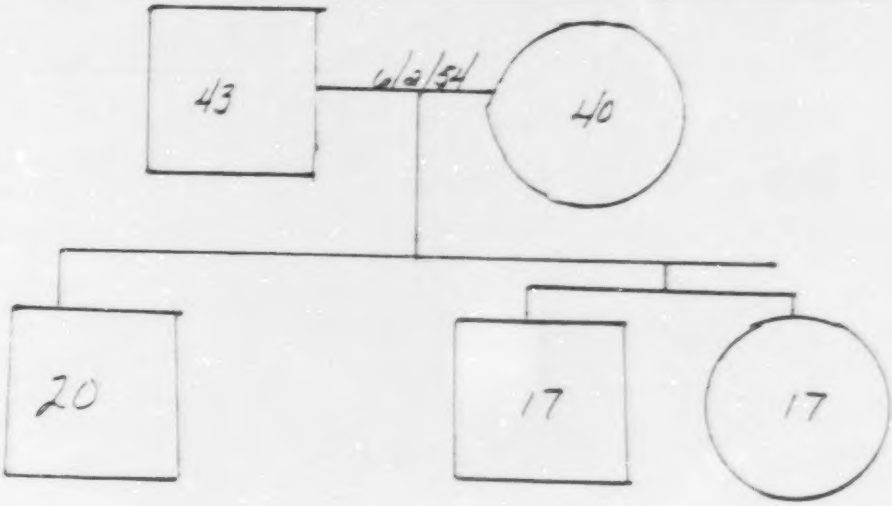
Instructions for Drawing a Genogram

A genogram is simply a family tree that includes more social data. It is a map of three, four, or more generations of a family which records genealogical relationships, major family events, occupations, losses, family migrations and dispersal, identifications and role assignments, and information about alignments and communication patterns. Again, all that is needed is paper and pencil. For most genograms, a rather large piece of paper is usually required. It is important for the genogram to be uncrowded and clear to make visual examination possible.

The skeleton of the genogram tends to follow the conventions of genetic and genealogical charts. As in the eco-map, a male is indicated by a square, a female by a circle, and if the sex of the person is unknown by a triangle. The latter symbol tends to be used, for example, when the client says, "I think there were seven children in my grandfather's family but I have no idea whether they were males or females." Or, "My mother lost a full-term baby five years before I was born, but I don't know what sex it was."

A marital pair is indicated by a line drawn from a square to a circle; it is useful to add the marital date, on the line. A married couple with offspring is shown as illustrated in figure 4. Offspring are generally

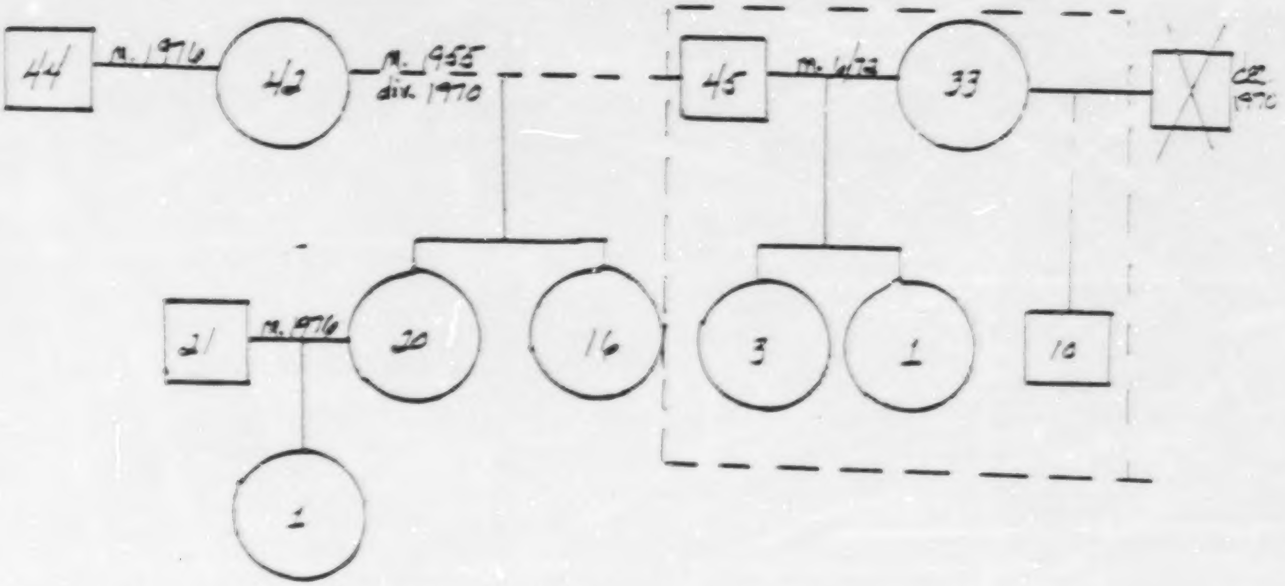
Figure 4



79

entered according to age, starting with the oldest on the left. The family diagrammed in figure 4 has an older son followed by a set of twins. A divorce is generally portrayed by a dotted line, and again, it is useful to include dates. (See figure 5) A family member no longer living is generally indicated by drawing an "X" through the figure and giving the year of death. Thus, a complex, but not untypical, reconstituted family may be drawn as shown in figure 5.

Figure 5



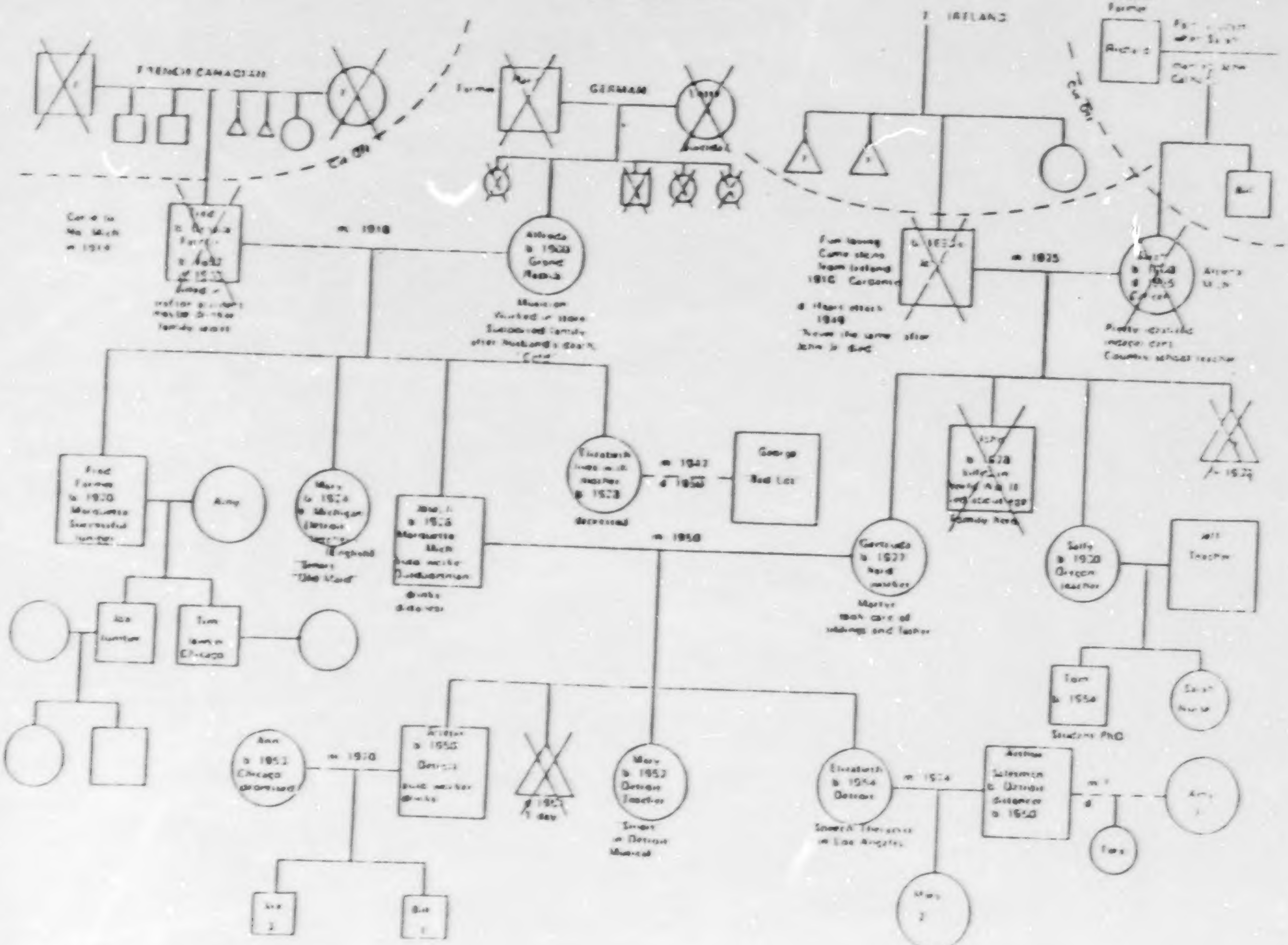
It is useful to draw a dotted line around the family members who compose the household. Incidentally, such a family chart enables the worker to grasp who is who quickly in complicated reconstituted families.

With these basic building blocks, expanded horizontally to depict the contemporary generation of siblings and cousins and vertically to chart the generations through time, it is possible to chart any family, given sufficient paper, patience, and information. (See figure 6) As one charts the skeletal structure of the family, it is also important to fill this out with the rich and varied data which portray the saga of the particular family being studied.

BEST COPY AVAILABLE

Figure 6

SAMPLE GENOGRAM


FRENCH CANADIAN
Ca 01
Came to No. Mich. in 1910
Fred
m. 1918
Alfreda
b. 1900
Grand Rapids
Musician
Worked in store
Supported family after husband's death
GERMAN
Farmer
IRELAND
Preacher
Farmer
Richard
Bill
Ca 01
m. 1925
Arizona
Fred
Farmer
b. 1920
Marquette
Successful
Amy
Mary
b. 1924
Michigan
Detroit
England
Single
"Old Maid"
Joseph
b. 1926
Marquette
Mich
drinks
Elizabeth
lives with mother
b. 1928
deceased
m. 1947
d. 1950
George
Bad Lot
m. 1950
Gertrude
b. 1927
hard worker
Martyr
took care of siblings and father
b. 1928
family hero
Sally
b. 1930
Oregon
teacher
Jeff
Teacher
Joe
Tom
lives in Chicago
Tom
b. 1954
Student PhD
Sarah
Nurse
Ann
b. 1953
Chicago
m. 1970
Arthur
b. 1950
Detroit
d. 1955
1 day
Mary
b. 1952
Detroit
Teacher
Single
in Detroit
Musical
Elizabeth
b. 1954
Detroit
Speech Therapist
in Los Angeles
m. 1974
Arthur
Salesman
b. 1950
Mary
2
Amy
Tara

Diagrammatic assessment of family relationships

Many different kinds of information may be gathered. First and middle given names identify family members, indicate naming patterns, and bring identifications to the surface. In understanding where a client may fit into the family and what expectations and displacements may have affected the sense of self, a first step is to discover who, if anyone, the client was named after. Once this person is identified, it is important to discover what he or she was like, what roles he or she carried, and, perhaps most salient, what the nature of the relationship was between the client's parents and this relative.

Sometimes meanings and connections are not obvious and emerge only through careful exploration. For example, in charting a genogram with a young man who was struggling with identity issues and a complex tie with his mother, naming patterns were being discussed. The client's name was Tony; his American soldier father had met his mother abroad and, immediately after their marriage, the couple had moved to the United States. The move and subsequent political events resulted in the wife's being completely cut off from her family. The client, their firstborn child, was born a year after the marriage. When asked whom he was named after, he replied, "I wasn't named after anyone in the family - I was named after St. Anthony - the patron of lost objects." The symbolic meaning of Anthony's name to his mother became dramatically apparent: Tony was named after everyone in his mother's family!

Dates of birth and dates of death record when members joined the family, their longevity, and family losses. Birth dates indicate the age of family members when important events occurred. They indicate how early or late in a marriage a child came and the age of the parents at the birth. In a sense, birth, marriage, and death dates mark the movement of the family through time. In working with a client's genogram, it is helpful to discover all of the events that took place around his birth. Major losses experienced in the family around that time can be of particular significance. The tendency to use newborn family members as replacements for lost members seems almost universal and has even been institutionalized in some culturally proscribed naming patterns.

Birth dates also identify each individual's place in the sibship. This brings to the surface such potential roles as "older responsible," "firstborn son," or "baby". It is also relevant to discover who else in the family has occupied the same sibling position. Sibling position can be a powerful source of intergenerational identifications.

Place of birth and current place of residence mark the movement of the family through space. Such information charts the family's patterns of dispersal, bringing into focus major immigrations or migrations and periods of loss, change, and upheaval. Such information may also point to the fact that generations of a family have stayed within a fairly small radius except, perhaps, for a particular individual in each generation who moves away. If a client happens to be this generation's "wanderer," that could be a valuable piece of information.

Picturing the family's movement through space may communicate a good deal about family boundaries and norms concerning mobility. Is this a family that holds on or lets go? Further, the impact of world history on families often becomes evident as responses to war, persecution, westward migration, depression, industrialization, and even climatic or ecological changes are often seen in relocations.

Occupations and family members acquaint one with the interests and talents , the successes and failures, and the varied socioeconomic statuses that are found in most families. Occupational patterns may also point to identifications and can often portray family proscriptions and expectations.

Finally, facts about members' health and causes of death provide overall family health history and also may say something about the way clients see their own future. These predictions may well have some power of self-fullfillment.

This demographic data can take a worker a long way toward understanding the family system. However, gathering associations about family members can add to the richness of the portrayal. One can ask, "What word or two or what picture comes to mind when you think about this person?" These associations tend to tap another level of information about the family as the myths, role assignments, characterizations, or caricatures of family members come into the client's mind. Characterizations such as lazy, bossy, martyr, beautiful, caretaker, are likely to be offered, bringing forth reminiscences or stories that have become a part of the family biography and mythology.

Finally, cerain aspects of the family's communication structure can be indicated. Parts of the family that have been cut off become quite obvious because the client generally has very little information about them. Cut-offs can be portrayed by drawing a fence where the cut-off exists whereas tight communication bonds can be demonstrated by drawing a line around portions of the family that form close linkages. It helps to keep things clear if a colored pencil is used to indicate communication linkages and cut-offs so as not to confuse these with the basic genealogical structure. Cut-offs are of particular significance as they are usually indicative of conflict, loss, and family secrets. Cut-offs generally develop to protect family members from pain and conflict, but they are usually indicators of unfinished business and may leave the person out of touch with important aspects of family and perhaps of self.

It is often found that a client doing a genogram will have considerable information about one section of the family, for example, the maternal grandmother's family, and almost none about other relatives. This uneven distribution of knowledge is significant in assessing communication and relationship patterns.

Use of the Genogram

The genogram is a classic tool for gathering and utilizing family data in any family oriented practice. No matter what the setting, if the individual is to be understood in the context of the total family system, the genogram can portray that system and move worker and client toward an understanding of the impact of that system and its relevance to the issues at hand. In counseling regarding marital and parent-child conflict, the routes or prototypes of these conflicts may well emerge. The use of the genogram in conjoint marital counseling can increase empathy between the marital pair and help each to identify the old family issues that have been displaced in the marriage.

In working with the aging, the genogram is an invaluable tool in life review. Elderly people can reminisce and organize memories but also, in working with the genogram, can experience themselves as a central link between the past and the futrure. This process expresses continututity and the generative process and illustrates that, although the individual's life span may be brief, the family's life reaches back into the past and on into the future. One residence for the aging encourages staff to meet with family members to teach them how to build genograms and help their aged relatives reconnect with their family saga. This sharing of the genogram has been an important experience for both the aged person and the younger family members.

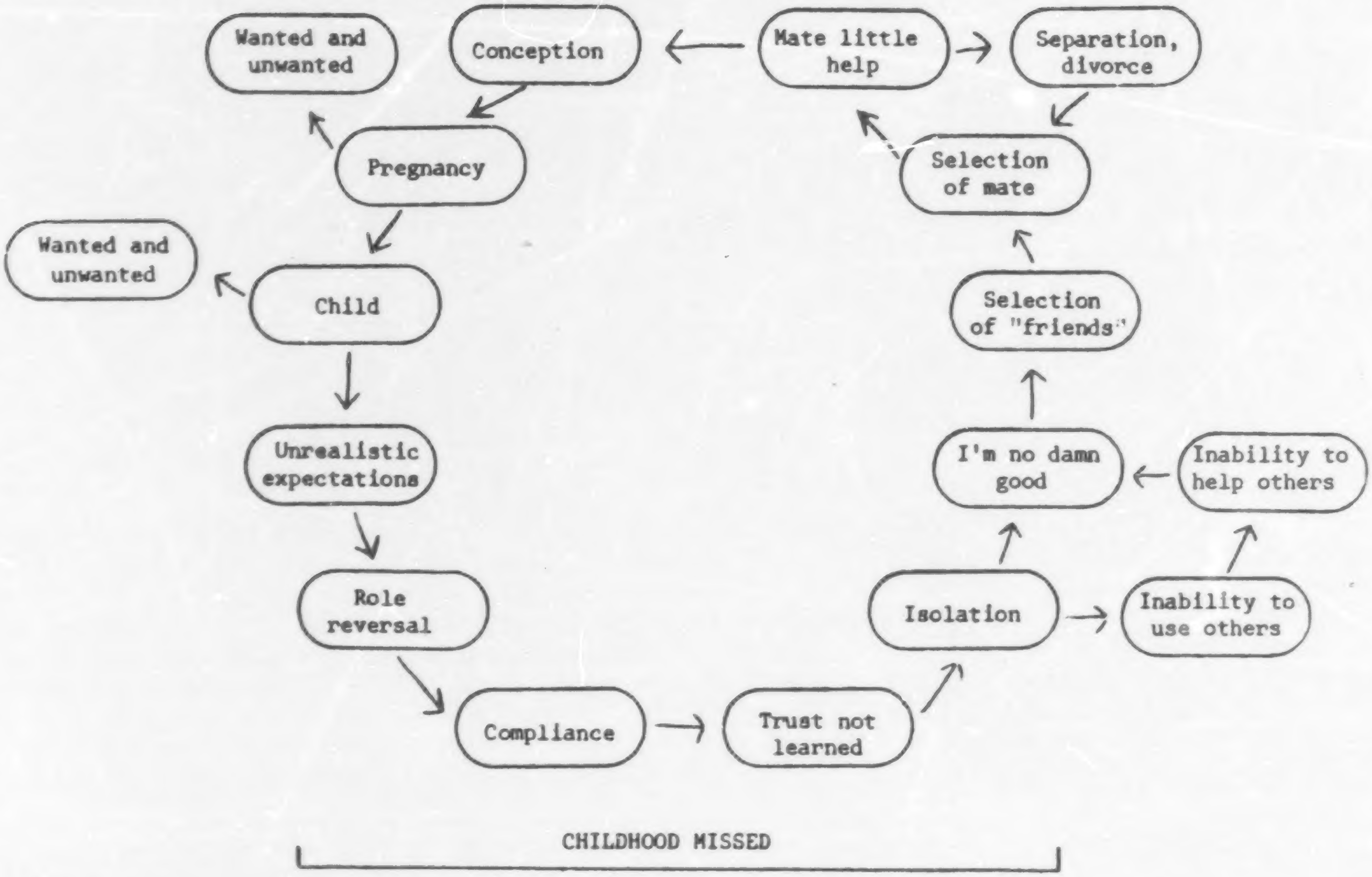
Genograms have also been used in child welfare agencies. As part of an adoptive study, for example, the genogram may clarify why a couple experiences their family as incomplete and also brings to the surface considerations and plans concerning who an adopted child is intended to be. Charting a genogram with natural parents insures that, should family ties be legally severed, there would be a full family history available to the child in the future. One child care agency that regularly makes use of the genogram in adoption practice has found that often the experience of doing a genogram has been very meaningful to natural parents who see the process as giving something of themselves to the child. The issue of open adoption has yet to be settled, but, in the interim, the genogram can gather and keep available the kind of information adopted children often want.

In a hospital setting, a genogram can be used to gather an expanded health history. Such a history provides information about patterns of illness and health in a family: for instance, a paternal grandmother may have died of heart disease at thirty-eight while the maternal grandmother lived an active life to age ninety-four. Further, patterns of illness as well as attitudes toward illness and ill people may appear.

SUMMARY

The eco-map and the genogram are paper and pencil simulations that can organize and objectify a tremendous amount of data about the family system in space and through time. Such objectivity and visual portrayal can lead to new insights and to altered perceptions, of the complexity of human systems. Such altered perceptions may point to new ways of bringing about change, ways that relate to the complexity of human existance.

WORLD OF ABNORMAL REARING (W.A.R.) CYCLE


Wanted and unwanted
Conception
Mate little help
Separation, divorce
Pregnancy
Selection of mate
Wanted and unwanted
Child
Selection of "friends"
Unrealistic expectations
I'm no damn good
Inability to help others
Role reversal
Isolation
Inability to use others
Compliance
Trust not learned
CHILDHOOD MISSED

Excerpted from Child Abuse and Neglect, The Diagnostic Process and Treatment Program, U.S. Department of Health, Education and Welfare, (OHD) 75-69, 1975, and Pediatric Basics.

CATEGORIES OF ADOLESCENT MALTREATMENT*

There are a number of typological categories which may provide a perspective for assessing the problems, strengths and needs of maltreated adolescents and their families and for planning to meet their needs. However, it is important to note that these categories are *not* intended to provide specific direction regarding assessment of particular families or cases, because they do not take into account all pertinent information about individual families or family members. *The categories discussed below provide one way of viewing the dynamics of adolescent abuse and neglect*.

PHYSICAL ABUSE

Physical Abuse Beginning in Childhood and Continuing Into Adolescence

Abuse in these families can be characterized as a pattern extending through several generations. It begins very early in life and is accompanied by inappropriate parental expectations regarding the child's performance and/or ability to nurture the parents. When the child predictably fails to meet these expectations, abuse occurs. Both child and parent see this as justified because of the child's "failure," although parents deny to themselves and others that their behavior is abusive.

Often the result for the child is poor self esteem which in turn causes problems for her or him in learning and in relationships. These families usually have a pattern of social isolation, often viewing other people as sources of pain and criticism rather than of pleasure and nurturance. Parents, because of their own childhood experiences, fear failure; their abusive behavior often arises out of fear that their child will make them look bad as parents.

Parents often show various patterns of early disturbance in personality development which may be present through behavior that is immature and inadequate, dependent and narcissistic, rigid and domineering, or disorganized and overwhelmed.

Children often learn by latency age (about 7-11 years) how to best avoid abuse or minimize its frequency. Latency stage of development is characterized by intellectual and cognitive learning; the child identifies with the parents who are role models for the childs developing value systems and social ideals. The family problems inherent in adolescence may renew the cycle of abuse as the youth begins to separate and becomes less willing to meet the parents' needs or begins to challenge the rigid control of the parents. Thus, the precipitants of abuse are related to adolescent and middlescent developmental issues. However, through the process of separation and individuation, the youth may begin to see the abuse as destructive to him or her and, through the normal adolescent denigration of the parents, begin to see that it is the parents rather than himself or herself who are at fault.

When this occurs, the youth may report the parents' behavior to someone outside of the family or may even run away. More often, however, the youth has been so psychologically injured by the chronic abuse and criticism, by failure in school and in relationships, that the response to adolescence is to act out pain rather than to talk about it. This acting out often involves the youth in the juvenile justice system where the maltreatment may go undetected. These adolescents may also be labelled as learning disabled, turn up in drug programs, or be identified as maltreated at medical facilities.

Physical Punishment in Childhood Changing Qualitatively to Physical Abuse in Adolescence

In this pattern, when children reach the adolescent stage of development the quality of physical punishment changes and open-handed slaps or spankings become blows delivered with closed fists and greater force; "he used to slap me around, but now he beats me up." In these families, corporal punishment is accepted and is used in a way deemed appropriate by community standards until the child reaches adolescence.

Struggles between parents and children related to adolescent development create an atmosphere of conflict which increases the anger that is discharged through the punishment, causing it to become abusive. Similarly, physical abuse can replace an emotional form of abuse which had been present at earlier life stages. The parents become frustrated with the child's inability to respond to discipline and/or the adolescent's tendency to disrupt the order of the family. These parents respond to the loss of control in their family by, first, becoming increasingly rigid and, finally, by losing control of themselves. This loss of control then leads to an act that is abusive.

Thus, adolescent development, that is, separation and control issues, set the stage for the abuse to happen. Normal testing of limits involved in attempting to master either separation or control may be so disturbing as to overwhelm the parent; the rigid parent is unable to deal with the unpredictability of the adolescent. Further, parents who overcontrol their children will find that they have not given the children the opportunity to learn control for themselves. When they reach adolescence, they go wild. Alternately, the children in the family who are strong enough to fight against overcontrol will be perceived by the rigid parent as out of control.[1] This rigid control and frequent physical punishment may result in the adolescent:

*having low self esteem
*exhibiting school behavior problems
*acting out in aggressive ways
*becoming involved in the juvenile justice system as a status offender or delinquent.

Recurring Physical Abuse

Mahan[2] describes a family pattern of physical abuse which occurs at two to three years (and sometimes earlier) and erupts again when the child reaches adolescence. In this syndrome the parents are unable to cope with the overwhelming demands of an infant or with the alternating dependency and separation of the two-year-old, but become more tolerant as the child becomes more independent and self-contained. During latency age (7 to 11 years) the parents cope quite well with parental responsibilities, but abuse is apt to reemerge with the onset of adolescence and the accompanying vascilation between dependency and separation. Parents in these families are thought to have long-standing dependency needs; often the early abuse arose out of the parents' disappointment when role-reversal attempts (child emotionally nurturing parent) failed. During latency, the children have often taken a somewhat parental or at least a peer role with their parents emotionally. Since adolescents are often unwilling and/or unable to nurture, the parents' needs are no longer being met and they physically abuse the child in retaliation.

Abuse Emerging in Adolescence

There appear to be three family patterns in this diagnostic category whose common elements are: abuse occuring in families which evidence no significant preadolescent dysfunction, and abuse which is rooted in difficulties of adolescent and/or middlescent development. The three patterns of abuse are:

> *Physical Abuse Connected to the Developmental Issue of Sexuality.* In this family pattern, both the adolescent's desire for acknowledgement of attractiveness from parents and parent's potential mid-life preoccupation with their own sexuality play a part. As daughters develop sexually, the father may feel aroused and then guilted; he denies or represses his incestuous desires and, instead, becomes angry and strikes out at, and/or rejects his daughter. The father's repressed sexual desires are sometimes projected onto the daughter's boyfriends, accounting for some of the instances of physical abuse that emerge because of conflicts over the issue of dating. This dynamic can operate between mothers and male children, as well.
>
> *Physical Abuse Connected With the Developmental Issue of Separation* In this family pattern, the youth finds adolescence a particularly difficult developmental stage to master; his or her attempts are fraught with provocative testing behavior and labile emotions. The abuse is sporadic and related to particularly troublesome incidents. The parents tend to be child-oriented people who indulge their children; when the children are young, parents are rewarded for this indulgence by good behavior. This infantalizes the child, an action which is gratifying for both the child and the parent. However, when adolescence is reached, the family is not prepared for the

child to be explosive and often violent. This violence is related to an incident or series of incidents and does not necessarily depend on there being a family pattern of violence. The adolescent's trouble in moving ahead developmentally is frustrating to the entire family, leading to conflict. Given this family pattern, in order for the youth to grow up he or she must make a dramatic break from his or her parents. This is done in various ways depending on the youth and the situation. In most cases, the youth overcompensates; for example, he or she runs away instead of leaving slowly and in an orderly way. These changes frighten both the parents and the youth, but the new positions cannot be given up as that would place the youth back in an overly dependent position. Hence the parent and the youth struggle, leading to abuse.

Physical Abuse Resulting From the Restimulation of Parents' Own Unresolved Adolescent Issues. Mahan[3] describes this pattern in which parental developmental factors become problematic. She notes that parents' mid-life crises and the concurrent emergence of adolescence in their children can reactivate the parents' own unfinished adolescent issues. This can result in overt competition between parent and child, with concomitant jealousy and peer-like physical fights. This manifestation has often been seen in connection with sexual rivalry between divorced mothers and adolescent daughters. A parent's unfinished adolescent issues may also manifest themselves in a process which sets an adolescent up to act out against authority in a manner in which the parent never dared. These adolescents are often first abused and later pushed out of the family as unacceptable.

EMOTIONAL ABUSE

Emotional Abuse Beginning in Childhood and Continuing Into Adolescence

There appear to be two family patterns in this diagnostic category.

Emotional Abuse Associated With Chronic Excessive and Generalized Criticism. These families are characterized by: inappropriate parental expectations; predictable failure by the child in meeting these, followed by severe criticism that is generalized from the specific failure into pervasive denigration of the child's worth. Humiliating or frightening punishments, such as being locked in dark closets or cellars, are also characteristic of these families. This pattern includes extreme prohibition of expressions to those feelings that are unacceptable or threatening to parents, typically those of fear, grief or sadness, and rage. The parents' behavior toward the child is a result of desperate attempts to force the child to act in such a way as to allow the parents to feel successful. With each failure, the parents bear down harder, seeing the child as a further threat to self esteem. Usually these children try desperately to please the parents and see their problems as the result of their own shortcomings.

Emotional Abuse Associated With Chronic Double Binding. The double bind is a situation, usually involving a parent and child, in which communication having the following characteristics takes place.

--Two contradictory messages about the same topic are given by the parent to the child.

--The two messages are given on different levels, for example, one may be verbal and the other nonverbal.

--There are constraints placed upon the child which prohibit him or her from commenting on the contradiction; nor can she or he escape from either the situation or from the psychologically damaging consequences of it.

An example of a double bind situation is as follows: Mother tells her son, "Why don't you go to the movie with your friends?" Her nonverbal expression is a sigh and downward look, which gives the message, "If you go, I will be hurt," that is, "Do not go." If the child comments on the discrepancy between messages, he is angrily told, "I told you to go, didn't I!" The child is left confused by the contradictory messages and with no way to clarify the situation.

In families in which the double bind dynamic has been used to maintain family equilibrium or as a defensive maneuver to camouflage parental pathology, the onset of adolescence can present an extreme threat. As the youth begins to show evidence of changing her or his role in the family, the double binding behavior by the parent may intensify in an attempt to again immobilize the youth in a no-win position. The increase internal pressure of adolescent developmental tasks combined with the binding behavior may result in either a psychotic break in the youth or desperate acting out to call attention to the family's distress.

Dysfunctional Parental Rigidity in Childhood, Changing to Emotional Abuse in Adolescence

The family dynamics of this pattern of emotional abuse are very similar to those in which physical punishment changes qualitatively into physical abuse with the onset of adolescence. The primary difference is that in these families the adolescent has conformed to the parents' expectations and controls, often at great expense to his or her own personality development, and has thus avoided both harsh criticism and physical punishment.

The internal pressures of attempting to negotiate adolescent tasks detract energy from pleasing parents, and the nature of the tasks makes the parents of less central importance. The parents retaliate against the youth's decreasing conformity by assaulting his or her self esteem, by harrassing the youth regarding his or her failure to meet parental expectations, and by placing severe restrictions on the youth's mobility. As restrictions increase, so do infractions, and parents may attempt to involve the juvenile justice system by declaring the youth "beyond parental control." Alternatively, they may simply "push out" the adolescent, saying she or he can no longer live there since the youth cannot obey the rules.

Emotional Abuse Emerging in Adolescence

Emotional abuse which appears to be related primarily to developmental conflict often centers on the issue of control. The parents who experience feelings of decreased power and effectiveness as part of a midlife crisis see the adolescent as much more powerful than she or he is in reality. The parent then reacts to the youth in an emotionally assaultive manner in order to "cut her or him down to size." This can be emotionally destructive to the youth whose apparent strength and powerfulness are simply adolescent muscle-flexing. The parental overreaction can compromise the youth's development by damaging self esteem already made vulnerable by adolescence.

Emotional abuse emerging in adolescence may be associated with previous or concurrent physical abuse. The parents may feel they have lost other means of control and thus direct anger at the youth in a pervasive way. Often the emotional abuse takes the form of rejection, assaults (sometimes public) on self esteem, or unreasonable restrictions.

NEGLECT

Neglect Beginning in Childhood and Continuing into Adolescence

Neglectful families' lives are chaotic and disordered; difficulty in coping is apt to be generalized rather than limited to child rearing and reflects the minimal psychosocial development of the parents. Personality disorders are common in such parents, and they appear to have underlying characterological depression.

Parents frequently play the role of older sibling rather than parent to their children, and compete with them over whose dependency needs will be met. Separation anxiety is pervasive, and parents frequently master it by abruptly detaching as the toddler individuates. Adolescent separation tasks bring about a repetition of this pattern. There is little ability to recognize reciprocity of rights or needs, or to conceive of resolving conflicts through negotiation and compromise.

Children's needs for nurturance are haphazardly met, so that they experience others as unreliable. Children's self esteem is usually poor because of lack of normal parental feedback. Their esteem is further reduced because children frequently fail at tasks requiring a maturity they lack, and with which they get (and come to expect) no help. During latency, children frequently take care of their parents because they recognize parental inability.

Some families demonstrate periods of relatively mature functioning alternating with periods of impulsive upheaval in which jobs, living arrangements, and relationships are changed. This activity is propelled by the internal threat of emergence of the underlying depression.

Neglected adolescents:

*usually approach the tasks of adolescent development with generalized developmental lags and evidence of behavior disorders and/or withdrawal.

*may be quite aggressive and exhibit antisocial behavior.

*often have problems with internalization of controls.

*may appear emotionally healthy, but may have psychosocial, social and cultural deficiencies that may eventually bring them to the attention of schools, hospitals and mental health facilities.

*may be at particularly high risk for early pregnancy.

*may exhibit extreme withdrawal and suicide gestures in very serious cases.

Neglect Emerging in Adolescence

Family difficulties arising from conflicts of adolescent and midlescent development can result in emotional and/or physical neglect of the youth. The issues are similar to those causing abuse, but the family dynamics differ. Two fairly distinct dynamic patters causing neglect have been suggested.

Neglect Connected with the Developmental Issues of Internalization of Control. In this form of neglect, parents essentially "give up" their parental responsibilities toward the youth during adolescence. The dynamics of this short term neglect seem similar to some abuse situations (in fact, are sometimes preceded by abuse) in that the basis is the issue of control. A common circumstance is that in which the parents have failed in and/or given up on attempts to discipline. Neglect frequently occurs after a series of episodes in which the youth acts out against authority in the community. The parents move gradually from supporting the youth and attempting to control her or him, to a self-protective stance of not wanting to deal with further feelings of disappointment, betrayal, and failure. The youth is then emotionally and physically abandoned in her or his struggles with the issues of internal controls, and may even be pushed out of the family. More commonly, however, parents simply withdraw from the relationship as well as parental supervisory responsibilities, allowing the youth to survive as best as he or she can.

This withdrawal appears to occur when the parents' mid-life crises make them feel weak and ineffectual. They cannot cope with setting limits on adolescent testing behavior because they perceive the youth to be more powerful than themselves. They communicate to the youth that she or he is powerful and destructive and then they withdraw. Although the youth is frightened by "out-of-control" feelings and by the emotional abandonment, this fear impels her or him to continue to test. The youth thus moves to the community arena and continues to challenge and test until the community authorities step in to set limits.

Neglect Arising from Situational Factors. Parents' reactive depression to situational factors may cause them to withdraw emotionally from or to physically neglect an adolescent. Parents are particularly vulnerable to those situations that compound their own developmental tasks. Dynamically this pattern is the same as that described under Situational Abuse Emerging in Adolescence, except that the parents ward off the adolescent by neglect rather than by abuse. For example, when divorce is the situational factor precipitating the upset, the parent may cope with the depression by turning complete attention to "starting a new life." In the course of redefining himself or herself in terms of returning to school, becoming employed, moving, and/or beginning new relationships, children left from the "old life" may receive little attention. Lack of supervision and emotional support are common, and youths may suddenly be expected to fend for themselves in terms of physical care. This is particularly problematic in early adolescence; there is suddenly no one available for the youth to rebel against, to define himself or herself by and, more important, to lean on when necessary. These adolescents have their own grief and loss to work through, they have experienced the family upset that preceded the divorce, and they are struggling with the very difficult tasks of adolescent development--in short, they are in desperate need of involved parents. It is not surprising that many of these adolescents have school problems, run away, are truant from school, have psychosomatic illnesses, and/or engage in delinquent behavior.

SEXUAL ABUSE*

The focus of the discussion will be on female adolescents and their fathers, father surrogates or adult male relatives, this represents the majority of sexual abuse cases seen by clinicians.

Sexual Abuse Beginning in Childhood and Continuing Into Adolescence

The adolescents in this category have been sexually abused for at least several years, and often since preschool years. The most common pattern involves an escalation of the sexual abuse from, for instance, genital fondling to fellatio to intercourse. Physical coercion occurs but is not as common as psychological coercion. Often there is indication of significant family pathology involving role reversal, poor communications, and rigidity; however, there is some controversy about how these areas of family dysfunction are associated with sexual abuse, that is whether these are long-standing patterns and contribute to the incest or whether these are the result of the incest. This controversy focuses on whether it is family dynamics or the perpetrator's personal pathology that is more important etiologically.

This pattern of sexual abuse is most prevalent; that is, most sexual abuse of adolescents has actually begun several, sometimes many, years earlier and has escalated. The emergence of adolescence is key to exposure of sexual abuse. During adolescence the victim begins to understand more about sex and begins to questions and resent sexual maltreatment. The victim has also developed a network of resources outside of the family and can therefore find someone to confide in.

Sexual Abuse Beginning in Adolescence and Connected to Long Standing Personal and Marital Dysfunction and to Role Reversal for the Child

In this pattern the sexual abuse begins in adolescence but appears to be rooted in other dysfunctional family and perpetrator-victim interactions. There is controversy; however, about whether the sexual abuse can be best understood in terms of family interaction or in terms of the individual pathology of the perpetrator. In this pattern, the adolescent-middlescent development issues may be a catalyst to the qualitative change in the relationship between the perpetrator and the victim. However, the predisposing dynamics of the family, the perpetrator, or both are clearly important etiologically. This pattern of sexual abuse generally appears to be somewhat less common than continuous sexual abuse.

Sexual Abuse Beginning in Adolescence and Connected to Developmental Issues of Adolescence and Middlescence

Some cases of sexual abuse appear to be related almost totally to developmental issues of adolescence and middlescence. This pattern appears to be the least common of the three sexual abuse patterns described here.

Generally, the fathers experience mid-life concerns about sexual confidence or attractiveness, which are often reinforced by conflicts with their wives and doubts about competency in other areas of life, such as work, physical prowess or child care. They may turn to their adolescent daughters for a sexual relationship which they perceive as less emotionally demanding and in which they can feel "in charge". Their own developmental crisis weakens the generational boundaries to such an extent that they are unable to respond appropriately to their daughter's normal early adolescent sexual testing.

It is normal for daughters to "practice" their awareness of their emerging sexuality with their fathers. In most cases fathers respond appropriately. However, in cases where fathers respond by engaging in sexual behavior, an adolescent girl's reaction may be simultaneous concern and fascination that her sexual provacativeness has elicited a response. Often there is a sense of guilt as well.

There are two possible behavior patterns for the mother.

> These mothers may be rather withdrawn; have poor self esteem, sometimes themselves having been sexually abused as children, and they sometimes abdicate marital and parental roles.
>
> These mothers may be immersed in a mid-life experience of redefining themselves beyond the mother-housewife role. They may be involved for the first time during the marriage in a job or school and, while the husband is feeling doubtful about his competency, they may have increased feelings of self-esteem and powerfulness. In some of these cases, there is no apparent major dysfunction in the marital relationship. It is probable that these mothers are not aware of the sexual abuse that is occurring.

Generally in sexual abuse cases the father's low self-esteem is boostered by sexual involvement with his daughter, although the father may have access to a more socially acceptable partner. These fathers usually restrict their daughter's social life, causing them to be socially retarded.

In all sexual abuse cases it is believed that the normal tasks and experiences of adolescence (for example, becoming aware of one's own sexuality and breaking away from the family) help the adolescent to break out of family patterns, such as secrecy conspiracies, or to defy parental injunctions to tell someone. However, it is also extremely common for girls to feel intense guilt and fear after they reveal sexual abuse; thus these victims often withdraw allegations soon after intervention begins.

Victims of sexual abuse often exhibit peripheral symptoms, such as anxiety nightmares, and they are often easily exploited. These adolescents need counseling regarding peer relationships. It is helpful in treatment to be very specific about the victim's experience, this serves as a purging process for the victim.

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The typologies proposed in this chapter should not be considered sufficient for a complete assessment of family members' strengths, problems and needs. Although they provide broad guidelines for understanding and assessing problems, they cannot provide information about particular clients. CPS workers should not expect to place each family into a particular category.

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*We have chosen to include the material on sexual abuse from this section because of its relevance to adolescent issues. For a more comprehensive compilation of material on sexual abuse see another in this manual series--Stovall, Bennie, Continuing Education for the Prevention of Family Break-up: Child Sexual Abuse, Ypsilanti, Eastern Michigan University, June, 1982.

FOOTNOTES

[1] Ira S. Louris, "Family Dynamics and the Abuse of Adolescents: A Case for a Developmental Phase." Paper delivered to International Conference on Child Abuse and Neglect, London, September, 1978.

[2] Monica Mahan, "Differential Diagnosis and Treatment Planning in Working With Adolescent Abuse and Neglect," Draft, Unpublished Manuscript, 1978.

[3] Mahan, op. cit.

*Excerpted from Adolescent Abuse and Neglect: Intervention Strategies. DHHS pub. no. (OHDS) 80-30266, July, 1980.

STRESSES AND STRAINS IN ADOLESCENTS AND YOUNG ADULTS

Gisela Konopka

THE CONCEPT OF ADOLESCENCE

It seems to me best to let an adolescent talk first before I say anything about that age group. A girl wrote:

I am a bottle sealed with feeling
too deep for anyone else.
I am a bottle floating in an eternal ocean
of people trying to help.
I am a bottle keeping my fragile contents inside.
Always afraid of breaking and exposing me.
I am a bottle frail and afraid of the rock.
And afraid of the storm.
For if the storm or rocks burst or cracked me,
I would sink and become part of the ocean.

(Konopka, 1976, p. 2)

This 16-year-old expresses clearly that an adolescent is part of humanity, is a person. This should be self-evident; yet in recent years adolescents have been treated often as if they are a species apart, to be feared or occasionally to be flattered.

It is my thesis that the period of adolescence is as significant a period in life for the development of the total personality as are the first years in childhood.

It is a time of rebirth. It is sometimes questioned whether adolescence is purely an artificial concept born out of recent, urban western society. I find this questioning futile. Any division of the life cycle and the conceptualization of various age periods are artificial in the sense that we cannot separate them out, nor are they exactly the same in all cultures. Adulthood, old age, all such periods are different in different cultures. We must look at the life cycle, and the different environments and systems in which human beings grow up, and then try to understand what is specific about these periods.

To me - and here I differ from many textbook descriptions - adolescence does not represent merely a preparation for adulthood, nor should it be a no-man's land between childhood and adulthood. Adolescents are not just pre-adults, pre-parents, or pre-workers but human beings participating in their particular way in the activities of the world around them.

Adolescence is not a passage to somewhere but an important stage in itself, though all stages of human development connect with each other. There

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Bond and Rosen, eds. Competence and Coping During Adulthood. University Press of New
England, New Hampshire, 1980.

is an "adolescenthood."

The key experiences of adolescence (which always include stresses and strains) are certain *firsts* which need to be worked through. They may occur in different individuals at various times with varying intensity, and perhaps not *all* of them apply to every person, but they do exist.

It must be understood that no generalization about human beings ever applies exactly to any one person and that in working with people, we have to take a fresh look at the human being with whom we interact. A 15-year-old said this best:

> I used to be . . .
> a grape in a bunch
> and all the other
> grapes were the same.
> But now . . .
> I'm an apple, crisp
> and fresh, and every
> one is different.
> My, how life has changed!
>
> (Konopka, 1976, p. 7)

Some of the "firsts" of adolescence are:

Experiencing physical sexual maturity. A phenomenon particular to adolescence that never occurs again in the life of the individual is the process of *developing* sexual maturation, different from the state of *accomplished* sexual maturation. Biologically this is a totally new experience. Its significance is due both to its pervasiveness and to the societal expectations surrounding it. It creates in adolescents a great wonderment about themselves and a feeling of having something in common with all human beings. It influences all their relationships with one another, male or female. Entering this part of maturity also stimulates them to a new assessment of the world.

Experiencing withdrawal of and from adult benevolent protection. Along with the biological maturity attained in adolescence come varying degrees of withdrawal of, and from, the protection generally given to dependent children by parents or substitutes. We know that some young people were never protected, even as children; but whatever the degree of previous protection, the adolescent is moving out from the family toward interdependence (not independence, *inter*dependence) in three areas: (a) with peers his or her own generation; (b) with elders, but on an interacting or questioning level instead of a dependent level; and (c) with younger children, not on a play level but on a beginning-to-care-for-and-nurture level. This process of moving away from dependency creates tensions and emotional conflicts.

Consciousness of self in interaction. The development of self and the searching for self starts in childhood, but the intellectual and the emotional consciousness of self in interaction with others is a particular characteristic of adolescence. It is a time when personal meaning is given to new social experiences. Young people define for themselves what they are experiencing in their relationships with others. This is no longer done *for* them by adults, or, if it is done, it is questioned by most adolescents. The categories they used as children to figure out the world begin to break down. What may have been clear and explicable may suddenly become inexplicable. This makes for inner excitement, frightening yet enjoyable.

Reevaluation of values. Though the formation of values is a life-long developmental process, it peaks in adolescence. It is related to both thinking and feeling, and is influenced by human interaction. In our culture, where young people are likely to be exposed to a variety of contradictory values, questioning begins even in childhood. Adolescents engage in reevaluation of values that have been either accepted at an earlier age or simply rejected because of individual resistance. They move beyond simple perception (for example, "if I burn my hand, it hurts") to seeing things in a morally good or bad framework. They become moral philosophers concerned with "shoulds" and "oughts" and they may be subtle or outspoken about it. Value confrontations are inevitable in this age period. The young, because of their intensity, tend to be uncompromising. They may opt clearly for a thoroughly egalitarian value system, or they may give up and become cynics. They often are true believers and therefore feel deeply hurt when others do not accept their value system.

Becoming an active participant in society. Adolescents encounter their world with a new intellectual and emotional consciousness. They meet it less as observers who are satisfied with this role than as participants who actually have a place to fill. I see this wish to *participate* as a most significant "first" in adolescence. In the old, mostly European textbooks it appears as the adolescent quality of rebellion, and for years we have considered rebellion an inevitable attribute of adolescence. I think that this is true in authoritarian societies - and we are still, partially, an authoritarian society - but basically it is not rebellion that characterizes adolescence but an extraordinary new awakening to the fact that one must develop one's values, and not only by imitation. This is a terribly hard task and brings with it enormous stress.

Life Force. Adolescence is an age of extraordinary physical capacity, enormous life force. This is sometimes a variance with the emotional development, and that again makes for great strain. It is an age where the mood swings with utmost intensity from omnipotence to despair. Adolescents can go without sleep for a long time; they run, jump, dance. In one of our Youth Polls done by the Center for Youth Development and Research in which the subject of health was at issue, it became clear that adolescents define health as "activity and energy." One said, "I think I am health when I am able to walk and run around all day and not be tired." Another, "When you are energetic, lively, active, and not run down." And another, "When you are feeling strong and able to run and laugh."

Being *not* healthy is a total experience because of this extraordinary life force: One defined it, "I feel unhealthy when I don't feel like doing anything." And another, "It's when you feel like you don't cope with anything, or feel like you don't have anything to live for" (Hedin, Wolfe, Garrison, and Fruetel, 1977).

CONTENT AREAS OF LIFE SIGNIFICANT TO ADOLESCENCE

The major institutions in which adolescents move have begun to be the same all over the world. Cultures change rapidly. For example, the teenage Bedouin, until recently, had to develop predominantly within the extended family and handle stresses within this system. The boy's work environment was static in terms of its tasks, namely herding goats, but it was changing geographically because of the tribe's nomad existence. The girl had no decisions to make, only to obey. Yet today most of the Bedouin teenagers have to deal with a smaller family unit, with school, with a variety of work tasks, and with less nomadic movement. These changes impinge on both sexes.

The most significant institutions in adolescent life today are: (a) the family; (b) the school; (c) the place of work; and (d) the peer group.

The Family

It is a myth that North American young people do not care for the family. In every survey that the Center for Youth Development and Research has made, the yearning for close family ties emerges clearly. Even a runaway wrote:

> The first night was cold -
> damn cold.
> And walking around the avenues,
> we would mock the whores.
> The bit man and his badge would
> give us the cold eye.
> And without hesitation, we
> would flip him a bird.
> I wished for my mother,
> and I wished for sympathy -
> For a warm bed, and not the cold
> shipyard or the park swings.
> I feel really old for 15,
> there just isn't any place to go.
> Mama, I miss you -
> and I just spent my last dollar for cigarettes.
>
> (Konopka, 1976, p. 64)

The major frustration for an adolescent within the family is to suffer the role of an inferior at an age when the wish to be taken seriously, and as an equal, is very intense. Frustrating experiences range from being treated "like a kid" to serious abuse. And additional frustration can result from the youth's keen awareness of problems between the parents. Younger children suffer deeply from strife between parents, but adolescents often feel they have to *do* something about it, that they have to take on the responsibility in the situation. I found again and again a deep resentment of divorce, and at the same time a feeling that the adolescent should have done something to prevent it. Also, adolescents, unlike younger children, begin to look to the future. Many expressed a wish to start a family, but also feared it.

The School

Some of the dynamics in the family apply as well to the relationship of the adolescent to school. Again, the strong sense of self comes in conflict with possible violation of the vulnerable self-integrity. The youth wants to be seen as an individual as expressed by the wishes: "There should be a one to ten ratio of teachers to students." "If the teachers understood the students better, they could help the students with their problems." They should treat young people "like adults, not like two-year-olds, unless students just don't cooperate. Discuss all material that will be tested. Make every effort to answer all questions. Do best to help each student by keeping classes smaller. Not like we are their slaves or workers, and they are the boss." "To understand that we are people too and not just dumb kids to whom they can attach a number" (Hedin, 1978).

There are other stresses in school. It is the place where students expect to learn. Adolescents in their own way begin to question whether they need what they learn. One expressed it this way: "Teach us things that will help us to live in the real world - life and health facts. These are the students' main interests. They should be able to decide what they need to learn along with what the teachers thing they have to know" (Hedin, 1978).

> I doubt that it occurs to them that the Country Club won't post swim meets because they won't have Blacks swimming in their pool. We were talking about the senior prom, and they wanted to have it at the Country Club.
>
> It's a private school. Well, academically it's all right. But socially it kind of lacks . . there are 14 Black people there, and 500 or so white people. After four years, that tends to kind of put you out in the cold . . . No, I don't think I have an identity problem. But it doesn't help any to make you feel accepted because you have to fight harder to have friends outside and inside school in order to get along.
>
> The teachers are sort of scared of Blacks here. I'm not the kind of person that shows how much I hate them. I just sit back and do mostly what I'm supposed to do. But teachers are still scared. If I ask a question, some of the teachers just ignore me. And I sit back and I watch this and I feel it. (Konopka, 1976, pp. 114-116)

School experience also includes the questioning of one's intellectual capacity. As students put it: "The students who get the most attention are the ones with special problems, the 'normal' ones get left alone."

> I feel the small school should be moved to a general traffic pattern so that the people would be exposed to more socialization which would possibly extract more of their abilities, skills, etc. The people who are higher academically are very seldom allowed to display their full potential under the present majority-based system. (Hedin, 1978)

> Sometimes, I don't understand what they are saying. The teachers, they talk but when you go up to the desk and ask what they mean, they don't saying nothing. They just say, "Go on and do it!" They don't explain. They just say, "Go back to your desk and do it." (Konopka, 1976, p. 124)

The Place of Work

Many adolescents do work while in school, though others see it as part of the future. We found in our observations a generally strong work ethic. Two students expressed themselves: "looking forward to starting a job because it gives one a sense of responsibility." "Want to work . . . because we've trained for it for so long and we're anxious to start" (Hedin, Wolfe, Bush, and Fruetel, 1977). Contrary to popular assumption. adolescents felt a responsibility for the work they were doing. They frequently regretted not having an opportunity to work on something that would prepare them for a future career. Young people can rarely find work related to special interests. A 16-year-old volunteered to work in the Rape Center of the Attorney General's Office, and saw this as an opportunity not only for feeling significant at that particular time in her life, but also to find out what her specific interests would be. But a study done last summer on CETA jobs showed that usually adolescents felt frustrated because their jobs had no connection with their interests and were not realistic experiences.

> They make us work like people in yester-years, like out of the 18th century. With machinery, the government could accomplish something with more speed, efficiency and effectiveness. Instead, they give you old-time machines to do the work; they don't give you a power saw, they give you a had saw . . . With machinery we could get 50% more work done in a year's time than by hand. They wanted to modernize everything - more power to them - but they don't want to use it. I feel like the work is fine and dandy, it gives us an education on how to use manpower without machinery. We work out-of-doors, but actually this accomplishes nothing because when we get another job in the future, we have no education as to how to use the sophisticated tools there; and we're not here just for the money but for an education also. (Brokering, 1978)

The Peer Group

For adolescents the peer group is most important. In our culture this world exists within organized institutions and in informal encounters. School is seen by practically all adolescents as the major formal institution where they can find friends. But for others, school may mean the unpleasant strain or, for a variety of reasons, painful rejection by one's peers. Youth organizations may also provide friends along with very positive experiences.

> On midsummer's eve the moon was high in the sky.
> We danced all night in the moon's smiling, gleaming face
> We ran about the park with youngness and freedom
> We sang songs of old and new.
> We played on midsummer's even as though it were never to leave us.
> The morning soon followed, so we left.
> But we will be back on midsummers'.
> (Konopka, 1976, p. 129)

The world of peers is the life blood of adolescence. Friendships with both sexes, intensified by growing sexual maturity, are exceedingly important - and complex; they demand decision-making about oneself, about others, about the present and the future. Decision-making is written large all through adolescence, and no decisions are more important than those of peer relationships.

How Do Human Beings in General Cope with Stresses and Strains?

All human beings have to deal with the stresses and strains of life. The answers to life's pain spontaneously range from withdrawal to violent attach on one's self or others. "Coping" means "dealing with." It is more than a reflex; it includes thinking and doing. When we talk about a person being able to cope with life's events, we are not using the term in a neutral sense. We are giving it a value-connected meaning. We do mean the capacity to withstand, to resist, to live through adversity without damage to one's own personality or to the personalities of others. It is important that we are clearly talking about a value judgment. We can cope with stress by denying it and then finally breaking under it, or by blaming others for it and making them miserable, or by demanding incessant support, or by fleeing into drugs or alcohol. We see those ways of "coping" as negative. We wish people to have the capacity to accept stress and strain as an inevitable part of life, to be able to acknowledge it, and then to work their way through it. We do not expect this of the infant. The infant responds to pain and frustration simply by expressing the hurt, by screaming. Increasingly, children learn to handle pain in various new ways, usually with the protective help of adults. This development of new ways, and the acknowledgement of what one can *do* about the stresses and strains, and accepting them as inevitable are the real business of life, and the development of philosophy. These adjustments never end. Only in old age is another ingredient, perhaps reassurance, added to the coping process, namely the knowledge that "it will not be so long anymore."

Coping in Adolescence

The coping process is most significant in adolescence. (A friend of mine said of youth, "They don't yet have anything in the bank," meaning that they have not yet experienced how to live through severe stress.) Because of stresses that are new and because of their intense life energy, adolescents often react to personal or institutional strain with extreme behavior. Some throw off the frustration of an unhappy love experience by totally denying it, by pretending that it never happened. Teachers know the "shrug of the shoulder kid," who seems to be untouched by anything. Some respond to frustration with physical violence. Zvi Eisikovits (1977) studied a number of violent teenage offenders in the State of Minnesota. He found that frequently the victim of violence was not the person who had frustrated the youth, but somebody related to that person whom the adolescent felt more capable of destroying. Adolescents' frustration and anger, and frequently the sense of being totally demeaned, become so overwhelming that sometimes they cannot cope with their emotional and physical revulsion in any way other than to destroy someone.

Despair about life's frustrating events leads to running away, drugs, and suicide. The second leading cause of death in adolescence in Minnesota was suicide (Minnesota Center for Health Statistics, 1975). Drugs and alcohol are frequently taken because of a sense of rejection at home or by a close friend. A 17-year-old said: "I sniffed paint, glue, mainly paint . . . I figure a lot of that happened when I was fighting with my parents" (Konopka, 1976, p. 104). Another said, "I take drugs when I get depressed or when I get upset or when I feel I can't handle a problem, or when I really got a bad problem on my mind" (Konopka, 1976, p. 106).

When there has been no experience dealing with serious life events, the doors seem closed and one cannot cope: "My boy friend, he didn't give me as much attention as I needed so I cut my wrists . . . " (Konopka, 1976, p. 97). And, "I am being pushed around from institution to foster home several times. What have you got to life for? No place to go - no place to stay where you are at? Nothing to want to get up in the morning for. I always feel lonely" (Konopka, 1976, p. 98).

Loneliness is the curse of humans at any time in life. In adolescence the need to have peers who can confirm your own value, and at least one adult whom you can trust, is very great. Loneliness presents a desperate strain then. During our survey of needs of adolescent girls, we often heard them quote a verse: "Loneliness is a silent jail, without cellmates, parole, or bail" (Konopka, 1976, p. 98).

What are some of the positive ways of coping in adolescence? It rarely is a well thought-out philosophy, but we can speak of four means: (a) communication with contemporaries; (b) communication with adults who understand, often of "the grandparent generation"; (c) religion; and (d) creative expression of emotions, as in songs, poetry, and painting.

Communication with contemporaries. This means talking about one's problems, but also holding each other, crying together, dancing, and sexual relationships. All of these represent some form of coping with problems.

Communication with adults. The wish to find a willing ear of an adult and also to hear what the adult has to say (if he or she is not judgmental) is very great. Again and again, adolescents express a need to be listened to. Among the girls we interviewed, mothers were still the ones that they thought of most often as confidants and from whom they wanted help; if they could not get it from this source, the strain increased. Grandparents, or people of that age group, were often sought out because they seemed to be more patient and less judgmental. Adolescents seemed to understand well that one needs to talk about problems in order to deal with them. In fact, not communicating feelings to others was regarded by them as behavior harmful to one's health.

In general, young people do not consider going to professionals for help, partly because of their own overconfidence and partly because they distrust professions. As one youth put it: "It's hard to tell your problems to a perfectly strange person. It's hard to let everything out" (Hedin et al., 1977). Adolescents often worry that doctors or nurses might not keep their problems confidential, might tell their parents.

The young person has a very specific difficulty in coping with serious problems, and for two reasons:

(a) They feel that there are many expectations laid upon them and that they will let people down if they do not live up to them.

(b) In spite of these expectations, they are treated as dependent children, and frequently cannot get services by themselves. The wish, for instance, to get medical care without having to go with their parents was expressed very frequently. For instance, the girl who has to cope with a pregnancy out of wedlock deals with an extraordinarily severe life problem. Yet even today she faces not only the problem of how to deal with her own body and the future of her child, but also with the hostility of the human environment. (I know there are exceptions, but this is still the rule.)

Religion. As either a traditional way of dealing with stresses and strains or as a new emotional experience, religion is on the increase among adolescents. The revival of fundamentalist religion and the popularity of various new sects among American youths express a need to deal with a life that is not always happy or satisfying. This renewal also represents an acceptance of authority, but from sources other than the ones with which they grew up.

A society that does not prepare children and young people early for thinking through a problem and making decisions, but considers obedience a higher value, is vulnerable to the embrace by its young of a dangerous authoritarianism.

Creative response. This seems to involve far more youth than we have ever assumed. Young people often keep it hidden. That may be due partly to the fact that art is considered erudite, and they cannot believe that they themselves can produce anything worthwhile, and partly because of impossibly high expectations laid upon them. For example, I found excellent poetry written by girls in delinquency institutions, but they hesitated to share it because the grammar and spelling were not perfect. Yet whether they shared this writing with others or not, for the young people themselves it was a very positive means of coping with frustration and loneliness.

Coping with institutions. When adolescents deal with institutional frustrations (as, for instance, school or correctional institutions) another form of coping is to cheat - a method well known among adults. It is a way of circumventing the source of strain to prevent any further hurt and this is done by "playing games" that adults expect of them.

For instance, in institutions where constant group involvement or confrontation was the expected form of treatment, adolescents played the game of "involvement," "confrontation," or whatever was demanded and did so superbly. If individual "baring of the soul" was expected, they also knew how to do this. Adolescents are good actors, and they can cope with hurt by pretending to live up to almost any expectations. They know what they are doing. In one institution, a young man asked me cynically: "Well, what do you want me to be or to do, so that you can have success?" Part of their response is based on the philosophy of retaliation which makes it possible to live through frustration: "If teachers would treat us nicely and like adults, we would treat teachers the same way. With respect, etc. A famous saying, An eye for an eye and a tooth for a tooth. That's our philosophy for these questions, about teachers treating us and students treating teachers" (Hedin, 1978).

Many "behavior modification" devices are handled that way by adolescents. The required result is obtained - will the powerful educator or therapist be present? Inside, the stress mounts and breaks out at some time:

I no longer use my mind,
Nor think of anything.
For I am just a puppet,
and my master pulls the strings.

There's just one thing about it
I fear he doesn't know;
Strings are easily broekn
and then he'll have to go.

(Konopka, 1966, p. 15)

Help with Coping in Adolescents

It behooves the professional not only to understand, but to use this understanding to prevent illness or to enhance health. To prevent serious damage to the individual adolescent and achieve the human interaction necessary for positive quality of life in our society, we must draw conclusions on how to help young people deal with stress and strain.

We have to accept each specific stage of adolescence with its strength and its problems. The vigorous life force, the wide mood swings, the sense of omnipotence as well as despair - all have to be taken as reality to which one must say "yes." We do not want people to become immune to stress. We want people to be sensitive to whatever life brings, but to be able to cope with it. We therefore do not want to give them drugs to dull their senses. We do not want to develop people who expect life to be a rose garden and are therefore unable to accept imperfection. We should create for adolescents an environment that allows them to be *participating* members of society, so that they actively learn the reality of life. There are many tasks they can fulfill which will give them a sense of worth and accomplishment and strengthen them to work through stress. We must accept their mistakes and let them know it:

> You are now on your way, so of course all the mistakes are ahead - all the wonderful mistakes that you must and will make. No matter what the mistakes are that you must make, do not be afraid of having made them or making more of them. (Saroyan, 1943, p. 144)

We adults should also admit mistakes in daily life as well as in clinical encounters with youth. The notion of maturity as a kind of perfection does not help adolescents to learn to cope with life. They must know that coping is a never-ending struggle and that all of us at any time may fail to do it well.

We must let young people know reality not only with its joys but also with its problems. The fiction of a "life of happiness" raises expectations that sap the strength of people.

> Telling lies to the young is wrong.
> Proving to them that lies are true is wrong.
> . . . Tell them the difficulties can't be counted, and
> let them see not only what will be
> but see with clarity these present times.
> Say obstacles exist they must encounter,
> sorrow happens, hardship happens.
> The hell with it. Who never knew the price
> of happiness, will not be happy.
>
> (Yevtushenko, 1962, p. 52)

We have to consciously talk philosophy with young people from their earliest ages. It was a five-year-old with whom I had to discuss death as part of life when my own husband died. It would not have helped this child to develop the capacity to work through other problems in his life if I had put him off with generalities. We had to talk about what it meant to be dead, and also what it meant to keep people alive in memory, and how one gains strength by thinking of other people. Someone else might have discussed this in somewhat different terms. The major point I am making is that I had to work with this child on his level to talk through his own pain and mine as well as to learn about strength in human beings. In adolescence one truly needs to develop a philosophy of life. It should become the basis of thinking, action, and feelings. The sentimental search for a comforting religion that makes no demands arises partially out of experience with an adult world that does not share its problems. Some of us were still very young and comparatively close to adolescence when the unspeakable terror of the Nazi concentration camps and Holocaust came upon us. We could live through those experiences because we had arrived at a meaning in life. This was the basic help that made coping possible. An additional one for some came through their sense of inner creativity. I remember vividly the poetry I quoted in solitary confinement, poetry I had read and poetry I myself created, though there was no way of writing it down. Art and imagination are superb gifts provided for human beings, and we should develop them increasingly in our young people.

Finally, adults themselves will have to accept pain as an important part of life without glorifying it or purposely inflicting it. Yet we cannot let young people grow up thinking that one must avoid it. John Steinbeck wrote beautifully in one of his letters:

> We have learned no technique nor ingredient to take the place of anguish. If in some future mutation we are able to remove pain from our species we will also have removed genius and set ourselves closer to the mushroom than to God.
> (Steinbeck, 1975, p. 604)

I underline that I do not preach death, pain, and stress as ideals, but I see them as necessary ingredients in life; ingredients that cannot be seen merely as catastrophe but also as an opportunity to grow. We will help young people to cope if we form a truly supportive but not sentimental society. A 17-year-old writes it better than I can say it:

I am growing, world.
I am reaching and touching and stretching
and testing
And finding new things, new wonderful
Things.
New frightening things.
I'm just growing, world, just now.
I'm not tall, I'm not strong. I'm not
Right.
I'm just trying to be.
I'm a person, I'm me!
Let me test, let me try, let me reach,
Let me fly!
Push me out of my nest (but not too fast).
There is much I don't know.
There are things that I want - don't
hide me from the sight of the world.
Give me room give me time. There
are things I'm not frightened
To try.
Let me tumble and spring, let me go
Let me be. Wait and see . . . .
I am growing world
Water me with wisdom of
Your tears.

(Konopka, 1976, p. 14)

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INTERVENTION

INTERVENTION ISSUES

Intervention occurs on many levels with abused and neglected youth and their families. An accurate assessment, done in partnership with the client. will help to pinpoint needed resources and services. Often more than one service provider must be involved to meet the varied needs of this population. Hence, having a continuum of services available so that appropriate options can be suggested and utilized is a primary community responsibility when attempting to service troubled families. Figure 4 illustrates the varied service components useful to families who are experiencing stress and conflict. Major roadblocks exist when communities do not have needed services and clients are routed to agencies that either offer only peripheral or inappropriate help. This discourages both worker and client and reinforces the clients' sense of blame or of failure.

Because of the relative lack of awareness of the special needs of abused and neglected adolescents, both community education and advocacy for adolescent clients can be critical to intervention in this field. Among the more central components of broad-based advocacy in this arena include: insuring that appropriate adolescent oriented services are accessible; assuring young peoples' physical safety both in and out of institutions; preventing the stigmatization of abused and neglected youth by misleading or false labels; insuring that youth are not inappropriately institutionalized; and promoting opportunities to increase adolescents' feelings of competence and self-worth.

Another aspect of intervention is the decision to focus on individual

SERVICE OPTIONS FOR MALTREATED ADOLESCENTS AND THEIR FAMILIES

Youth Services

- counseling
- crisis
- runaway
- hotline
- peer support
- health services

Environmental Stress Reduction

- financial resources
- vocational counseling
- health services

Family Counseling

Parent Support

- education
- counseling
- marital counseling

Youth Environmental Support

- alternative schools
- employment
- recreation

Extended Family Support

- alternative housing
- support

Group Homes

- short term crisis
- long term residence

Family Foster Care

- short term
- long term
- single and two parent home options

Supervised Independent Living

Residential Treatment

Prepared by M. Ziefert

figure 4

or family counseling needs. Service providers face the difficult choice of helping families stay together or helping them to separate constructively. In cases where separation is most advisable, deciding on what alternative living situation is best can be quite demanding. Working with the total family, when members are willing, should always be viewed as a priority option. Adolescents, particularly in the early and middle years, are emotionally bound to their families. However conflictual this relationship may be, attempts to resolve conflicts or at least to maintain non-destructive contacts should be encouraged. This is particularly true because of the power of parent-child conflict to mold one's sense of self and one's capabilities for future interpersonal relationship. Even when short or long term separation is necessary the option of family intervention still remains. Helping families to separate and to redefine their relationship provides a vehicle for reduction of blame and guilt and potential for future, more constructive interaction. Even when adolescents are referred to alternative living settings, families can and should continue to be involved with them.

In addition to techniques in family intervention, service providers can encourage individual family members to seek additional or alternative support. Parent education and peer support groups, for example, can provide interpersonal contact with people having common concerns, and offer sources of information which are useful in problem-solving. Self-esteem building activities outside of the family can similarly help to decrease family conflict. While service providers tend to focus on adult needs for social contact outside of their families, it is important to remember that youth too can be socially isolated. Youth who are not engaged in self-esteem enhancing activities outside the home tend to grow more enmeshed in family problems and fail to develop skill in constructing coping or survival strategies for themselves.

If separation of a young person from his/her family is needed, this choice must be approached with great care. At this developmental juncture, parents and children have the tendency to establish immovable positions in relation to expectations of and behavior toward each other. When the parent-youth relationship is assessed to be mutually destructive, separation should be considered. Placements with members of the clients' extended families are a useful and expedient first option, if the relationship is potentially supportive or benign. Relatives can help maintain the young person's sense of belonging in the family and help keep the nuclear family linked to each other. Non-family options need to be considered in relation to the young person's and family's preferences, the youth's developmental needs, and the realities of other existing options. Generally, younger adolescents require the nurturing and individual attention of an alternative family setting. Older adolescents, on the other hand, may benefit from the greater independence and peer support which are provided through small group settings. In some situations, even for the younger adolescent, a single foster parent, who can be seen as an "adult friend" rather than a "new family", is less threatening and more constructive for both the parents and the youth. Whatever the setting chosen, openness to some continuing familial involvement is critical in maintaining possibilities for a future sense of identity and belonging. In the rarer instances when this is not possible the adolescent will need supports constructed that will give him/her a place to retreat to in initial times of uncertainty or crisis when he/she is living independently.

The resource material in this section addresses, in more depth, the intervention issues highlighted in this overview. The reader is also referred to the section on Additional Reference Readings for an in depth discussion of youth advocacy and alternative service options for abused and neglected adolescents.

SUGGESTIONS FOR WORKING WITH ABUSED AND NEGLECTED ADOLESCENTS

Be concerned and interested but non-judgemental

- believe what he or she tells you
- don't overreact with shock or blame
- let him or her talk about incident(s)

Provide support during the problem solving process

- remain with the youth (emotionally) until some resolution is developed
- develop a trusting and positive relationship
- help him/her to identify and express feelings
- let him/her know that you value him/her and that he/she does not deserve mistreatment

Involve the youth in decision making

- let him/her take the lead in when to talk to authorities or parents
- if you must report before he/she is ready to, be clear and honest about what will happen
- help him/her to formulate his/her own goals
- don't try to make your goals be his/her goals
- present available options (information from which decisions can be made)

If needed, provide protection

- be available for crisis
- try to mediate between youth and family
- have provision for alternative housing, if needed

prepared by M. Ziefert

THINGS THAT WORK

Margaret Blake

Family Therapy Techniques that Work

Family therapy is a relative newcomer to the helping professions. In the 1950s the emphasis on family variables intensified (Foley, 1974). The family was perceived as a unit of its own, and focus changed from individuals to family systems as targets for behavior change. The therapist, with this new approach, became more actively involved. As the therapist's attitude changed from passive uninvolvement, certain techniques emerged for handling given situations.

Family therapy is an action-oriented art form. Therapists move people, change objects, and alter styles of communication. They bring unspoken rules to the front. They take vignettes of interaction and expand them, analyze them, and make interpretations from them. Most family therapists are quite innovative and will use their ingenuity to change the family homeostasis. Small changes create ripple effects as they spread to other areas of family interaction.

A few of the techniques that family therapists use which will be discussed here are restructuring, sculpting, double binding, joining, and reframing.

RESTRUCTURING

Salvador Minuchin, of the Philadelphia Child Guidance Clinic, devised a structural approach that can be illustrated by sketches (see Figure 1). Minuchin (1972, 1974) plans much of his therapy around breaking down barriers and creating alliances.

When a family appears to be so close that individual member freedom is limited (enmeshed) or communication occurs between a child and one parent instead of allowing the parents the primary alliance (triangulation), restructuring is necessary. A commonly understood preference is that the parents be closer to each other than to a child. When a therapist observes a parent who is overly involved with a child, it is the therapist's obligation to detriangulate that (dysfunctional) family. Minuchin (1974) illustrates child-parent enmeshment in Figure 1 and describes the safe way to distance the child from the overinvolved parent. He suggests temporary transfer of some of the child's attentions to the therapist. In this way, the child is going toward a relationship instead of being pushed out of one, and the process is less scary. In the videotape *Between You and Me,* Minuchin moves repidly to keep an anorectic client from moving back to her parents when he finally has accomplished some distance between them. He moves his own chair between the parent-child group-

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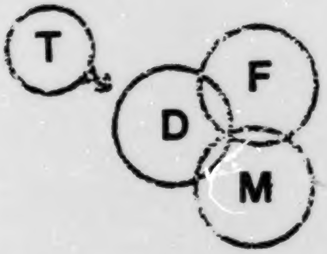
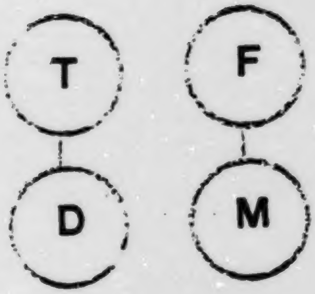
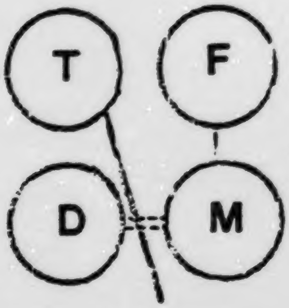
Figure 1
Stages of Structural Family Therapy



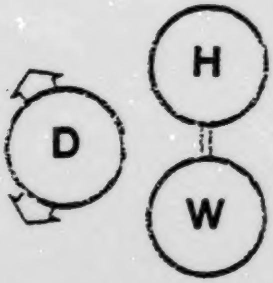
Stage 1. Therapist enters family constellation.



Stage 2. Therapist joins with daughter.



Stage 3. Therapist blocks attempts to regain triangulation.



Stage 4. Father and mother relate as husband and wife. Daughter joins with peers. More autonomy.

ings, places his smokestand between them, and turns his own body toward the girl and away from the parents. In addition, his language allies with the girl and excludes her parents, leaving them to form a dyad of their own. This *structural family therapy* uses physical positioning as a means of making changes in the family. The structural family therapist notices how the family enters the room, the relative distance they sit from each other, and the way clustering indicates subgrouping. The therapist may ask them to change positions, thus symbolizing changes that should also take place in family closeness outside the sessions. If an interfering mother interjects comments when the therapist is talking to teenagers and the father, the therapist may ask the mother to sit in a far corner of the room while father and young people talk, or she may be asked to join the observers who are viewing through the one-way mirror, thus removing her from the room entirely but keeping her involved with the family interaction.

SCULPTING

Virginia Satir (1967) is credited with the development of *sculpting*, although several therapists have used the technique by this name or others. Building on Satir's belief that it is important to put the body into action, the therapist asks a family member to arrange the family (or a simulated family) as though they were a piece of sculpture.

The sculptor places each member of the family as he or she views them, spatially representing their distance, their dominance, their clinging, or their need to individuate. Sculptors are instructed to mold family members' features, touching their brows to create a furrow, dramatically posing a desperate stance, or emphasizing the backs of indifferent members.

In the photo, I am conducting a sculpting session. As the therapist, I stand by the sculptor, supporting her risk-taking as she places members of her family. Notice the powerful position the father maintains with his superior height, and the pained expression of the teenage daughter as she attempts to remove herself from the family to accomplish appropriate individuation.

After one sculptor has completed a present-time sculpture (or sculpted a given time in the past) he or she may be asked what the ideal positioning would be. Each member is given a turn. If the session must end, the therapist is careful to acknowledge that one or more family members did not have time to do their sculpting. Perhaps the next session can begin with sculptures by the remaining family members, or maybe the recognition alone is enough; but acknowledgement is given to each person's opportunity to illustrate feelings. For some children, the opportunity to have control over positioning of an overpowering parent figure may be a memorable experience. The 9-year-old son of one client family placed his mother and sisters together in the center of the room, himself a considerable distance away with his back to the family, and his father in the hall. This perception by the son brough tears to his father's eyes. When the son was asked how he would like it to be, he arranged them close together, all facing the therapist, and remembered that the last time they had grouped together was for a Christmas card family portrait.

DOUBLE BINDING

Jay Haley's concept of *double binding* is perhaps the most difficult to explain (1976). He judges family dynamics from a paradox and feels he has figured out the paradox of the system. He can then make assignments that break down the family's present dysfunctional system, enabling them to clear their communication and causing verbal and non-verbal messages to be congruent.

Since a person in a double bind is a person getting one message from a significant person (e.g., a parent) and a conflicting message from another significant person (other parent, therapist, or society), families sometimes unwittingly double bind each other. They fail to realize that much discomfort (or even schizophrenia) may ensue. There are two ways to treat a double bind: by talking about it, or by adding another double bind. The first treatment, talking about it, can be illustrated by the example of one family in which the mother had brain surgery and was feigning loss of memory (and thereby responsibility). She was asked by the therapist, "Is it all right for the purpose of these sessions if we don't consider you handicapped?" The mother protested that she really was handicapped, couldn't remember, and couldn't be held responsible for what she said. The therapist's retort was "Well, all right then. But if you say one thing and your husband says another, I'll believe him."

The second and more complicated treatment, that of adding another double bind, is shown by the example of the father who sends a child one message while the mother is sending a strong, different message. The child is confused. The therapist can instruct the parents to deliberately confuse the child, thereby forming a coalition between the parents and forcing the child to make his or her own decision. The parents are caught in the double bind of following the therapist's instructions (thereby seeing the fallacy of their previous communications) or not following them (in which case their messages to the child will be congruent).

JOINING

Carl Whitaker (1970) joins the family by imitating their gestures and expressions, which he calls *mimesis*. He identifieds with members of the family: "My wife is like yours" or "I often feel that way too." Later, he changes a little and the family tracks him. They have liked his being like them so much they want that to continue, so when he changes, they change too. He craftily leads them into different expressions and beliefs, without resistance ever being openly expressed. This speeds the therapy process because no time is wasted overcoming resistance, and clients are allowed to like their therapist the entire span of therapy.

REFRAMING

Similar to Satir's idea of devictimization and Minuchin's concept of structual processing, I have realized the need for empathy - for each family member to recognize another's pain. One skillful play for devictimizing the identified patient is called *reframing*. If father is accused of being authoritarian and rigid when a teenage daughter has been acting out sexually, the therapist might turn to the father and say "It's so painful to be a failure as a parent, isn't it?" This reframing on the therapist's part forms an alliance with the father, rather than blaming him for being strict. It also helps others in the family to recognize the father's hurt. Such reframing can be used in almost all instances where one member's behavior is criticized by others in the family. To reframe an adolescent drug user as a person who has to go to great lengths to gain acceptance from loved ones is a revolutionary concept. For a family in which incest occurs, reframing will make all members victims of circumstances and make it easier to work with the problem instead of the symptom.

OTHER TECHNIQUES

An effective procedure for encouraging empathy is role reversal. Asking a warring couple to exchange roles and each argue the other's point of view brings insights quickly and effectively.

The Gestalt technique of projection is often used with issues of the future or issues of another's point of view. Projecting five years into the future is effective with a couple who are considering separation; the imagery will help solidify their decision to part or amplify efforts to live amicably.

Videotaping is an invaluable aid to family therapy. It is not often that we are given the opportunity to see ourselves as others see us; videotaping can be enlightening and surprising to individuals involved in family interaction. Often a family argument hinges on what one said or didn't say, and the evidence of the recorder is irrefutable. More than just the voice, the posture and body gestures can convince a family member that he or she did not accept what another member said.

SUMMARY

Family therapy is a challenging field because interactions are continually changing; much work is done between sessions, and results are visible. One great advantage that family therapy has over other therapies is that, by having several family members, there are more monitors to keep a focus on change. It is important to look to the pattern of behavior rather than results. For permanent change, communications must be improved and awareness heightened so that families do not slip back into earlier patterns.

The techniques discussed herein are but a few of the many which have been devised by family therapists. Study of such techniques is not meant to restrict the therapist to these procedures but to free the creative genius in each therapist.

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BEHAVIORAL CONTRACTING

Family contracting between parents and youth often help to reduce emotional conflicts by redefining the relationship as a "business arrangement", removing the highly charged emotionalism from the relationship. There are several options for contracting depending on the situation. In all of them the worker serves as a mediator. Expectations should be clear and sanctions and privileges should be spelled out so that the contractual obligations don't become a point of debate and conflict.

In option 1, the worker helps both parties to spell out their expectations of each other. Examples of such expectations can be - no drinking, cooking dinner, buying food, coming home on time, etc. Following through on these is monitored and reported to the worker to provide suport and help renegotiate if need be.

Contract

Youth Responsibility	Parent Responsibility

Signed parent ____________

youth ____________

worker ____________

In option 2, the youth's responsibilities are clearly spelled out and tied to a specific privilege or sanction. An example might be: privilege - using the car; responsibility - coming home on time; sanction - staying home the next night; bonus - on time all week, get to stay out two hours later on Saturday night.

Contract

Privileges	Responsibilities	Sanctions	Bonuses

Signed parent ____________

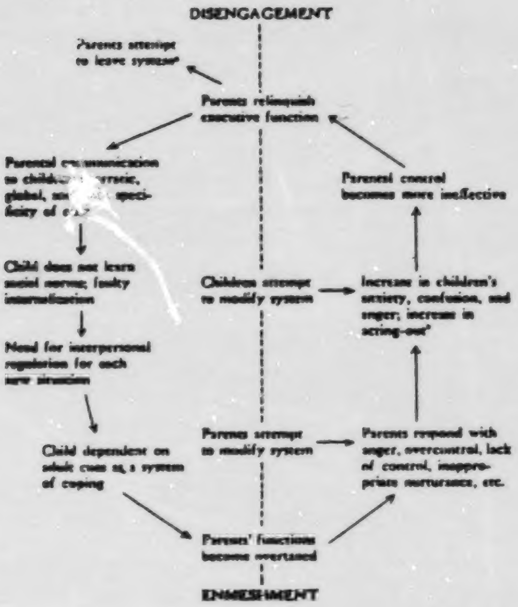
youth ____________

worker ____________

Prepared by M. Ziefert

THE DISORGANIZED AND DISADVANTAGED FAMILY

THE ENMESHMENT-DISENGAGEMENT SYSTEM*


DISENGAGEMENT
Parents attempt to leave system[a]
Parents relinquish executive function
Parental communication to children: erratic, global, ... specificity of ...
Child does not learn social norms; faulty internalization
Need for interpersonal regulation for each new situation
Child dependent on adult cues as a system of coping
Parents' functions become overtaxed
Parents attempt to modify system
Parents respond with anger, overcontrol, lack of control, inappropriate nurturance, etc.
Children attempt to modify system
Increase in children's anxiety, confusion, and anger; increase in acting-out[b]
Parental control becomes more ineffective
ENMESHMENT

[a] When the parental control becomes ineffective and parents relinquish executive functions, they many abandon the family altogether, but most of the time they segment the family by institutionalizing a child or children, acting-out (in illness, promiscuity, alcoholism, etc.), or allowing a sibling substructure to take over parental functions (see next section of this chapter).

[b] At the point of increase in the children's anxiety and acting-out as an attempt to modify the system, children may turn to the siblings for control, guidance, or identification (delinquent or not); they may abandon the family, e.g., run away; or they may join a delinquent gang.

*From Families of the Slums, S. Minuchin

The enmeshment-disengagement system described by Minuchin demonstrates the cycle of adolescent abuse and neglect in families where there is a long history of abuse and neglect. The behaviors of family members may be seen as attempts at resolving family problems. Helping the family to find alternative solutions is a means of ending the dysfunctional patterns that exist. Depending on the point at which the family comes to the attention of the service system the worker may see either the disengagement or the enmeshment pattern. Hence one may see an overcontrolling abusive or punitive parent or an out of control emotionally or physically neglectful parent.

Minuchin, S. Families of the Slums: An Exploration of Their Structure and Treatment, Basic Books, Inc., 1967.

THE FAMILY WITH ADOLESCENTS

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Introduction

Less than two decades ago, men like Ackerman (1) and Bell (2) were pleading with the psychotherapeutic community to look closely at the family in connection with the assessment of adolescent problems. Now, almost casually and without any fanfare, we take the quantum leap of giving primacy to the social unit of interaction, in this case the family, and ask what effects do individual and events have upon it? It may be that the dramatic shift has not been noticed because our central interest, man, has not changed. It is simply that we finally see that man is not a solitary traveler moving through an environment; he is part of the environment and perhaps, an "indispensable element of nature" at that, exhibiting "the fragility and vulnerability that always accompany high specialization in biology" (3). Looking at the family, the cradle and emotional headquarters of man, may therefore be part and parcel of some dull apperception of ours that man is an endangered species.

And no one can "hoist danger signals" (1) more loudly and dramatically than adolescents. On the international scene, storms of adolescent protest are surefire indicators that governments or societies are sleeping or headed into blind alleys. On the family level, it means, "Mom and Dad better get it together before I go out on my own for good." This is one end of the spectrum of ordinary development wherein a family muddles along, functioning passably with unresolved parental or extended family problems at the expense of one or more individual's growth. At the other end, well-lubricated family organizations can enjoy the antics of the adolescent and enrich themselves with the torrent of information that is theirs for the listening. The adolescent challenges the family daily with new styles, new language, new mannerisms, and new values for behavior. More than any other family member, the adolescent is not only a conduit to the world at large, but a bridge between old and new. Functioning as "his majesty's loyal opposition," the teenager can be harshly critical and brutally frank, but rarely dull. At times, in the midst of pushing an adult to the wall with various provacations or testing of authority, a sudden exposure of vulnerability or total childlike trust and affection can melt the heart. It is just this mix of child and adult that confuses the family in its dealings with the adolescent member. Should this pronouncement or that bit of behavior be taken very seriously or just passed over lightly? Is this new interest a passing fancy, or a new trend that needs to be either nipped in the bud or incorporated into family life? Is this friend or that group just a chance meeting or must the relationship be evaluated for its possible impact on the family? Is it possible to assess all the teenager brings home? Is there time? How much can the family pry? When to set limits? When to let grow?

Reprinted with permission
from: Elizabeth Carter and
Monica McGoldrick, The Family
Life Cycle, New York: Gardner Press, 1980.

Truly it is impossible to raise teenagers. In the end they must use what they have and meet the world on their own as best they can. If the family can roll with the punches and learn something of the latest generation from their teen, they will remain a haven for the return of the adolescent from time to time when toes are stubbed and knees are bruised. In the long-term if the family can take care of itself, it will be doing the best thing for the adolescent. The saving grace is that with all the turbulence and instability characteristic of adolescent growth, the ordinary teenager retains a playfulness and sense of humor that is easily tapped. And the spurt of growth with its release of new yet ancient biological rhythms is exciting and potentially rewarding for those who will partake of it.

Family Organization

The ideal family is organized around balanced threesomes as I have described in detail elsewhere (4) (see Figure 7.1). Each relationship is a mutual give and take, each person taking responsibility for self according to his or her natural capability and neither overfunctioning nor underfunctioning. Note that this definition can be applied to infants or the handicapped and certainly to adolescents. The transactions of each relationships are open to all other relationships in the family and therefore affect, and are affected by, all other relationships. Moreover, the intensity of each relationship, measured by the rate of interaction, is the same (a = b = c) over a reasonable period of time.[1] This means that no one is shut out and no one is swallowed up. At the same time, each relationship is mobile; that is, each individual is free to increase interaction ("Let's make love" or "I have a bone to pick with you") or decrease interaction ("I want to be quiet" or "I'm interested in something else now") at any given moment. Finally, there is a free flow of communications outside the family; any member is free to relate to nonmembers and does so.

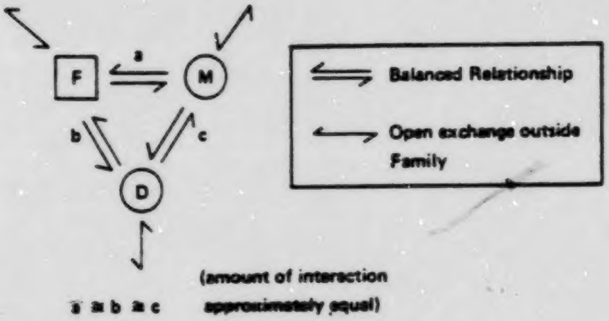
F
a
M
b
c
D
Balanced Relationship
Open exchange outside Family
(amount of interaction approximately equal)
a ≅ b ≅ c

Figure 7.1

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[1] Clearly, a large increase or decrease in interaction between any two members over a one-day period does not indicate an imbalance, whereas a lesser change among people living together over several weeks may be significant.

In any balanced threesome, the total amount of interaction remains approximately the same (a + b + c = k). This means that if one relationship becomes more intense, another one, or generally two, become less intense. Conversely, if one member of a threesome withdraws, the other two are drawn together (see Figure 7.2). It is an apparent paradox that a stable family is one that is most fluid. To tolerate new arrivals, death, or illness, all relationships must be flexible. (The diagram becomes much more complex when other members are added; e.g., our old-fashioned family of six has fifteen relationships and twenty threesomes, but the principles are the same.)

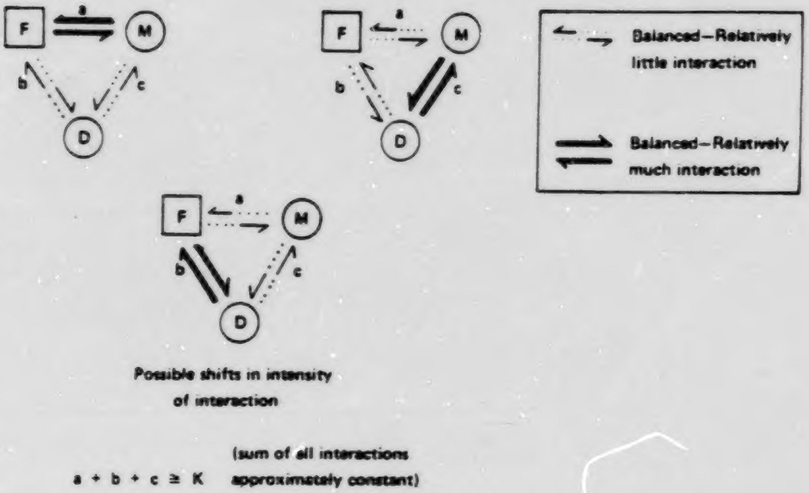

F
M
D
a
b
c
Balanced—Relatively little interaction
Balanced—Relatively much interaction
Possible shifts in intensity of interaction
(sum of all interactions approximately constant)
a + b + c ≅ K

Figure 7.2

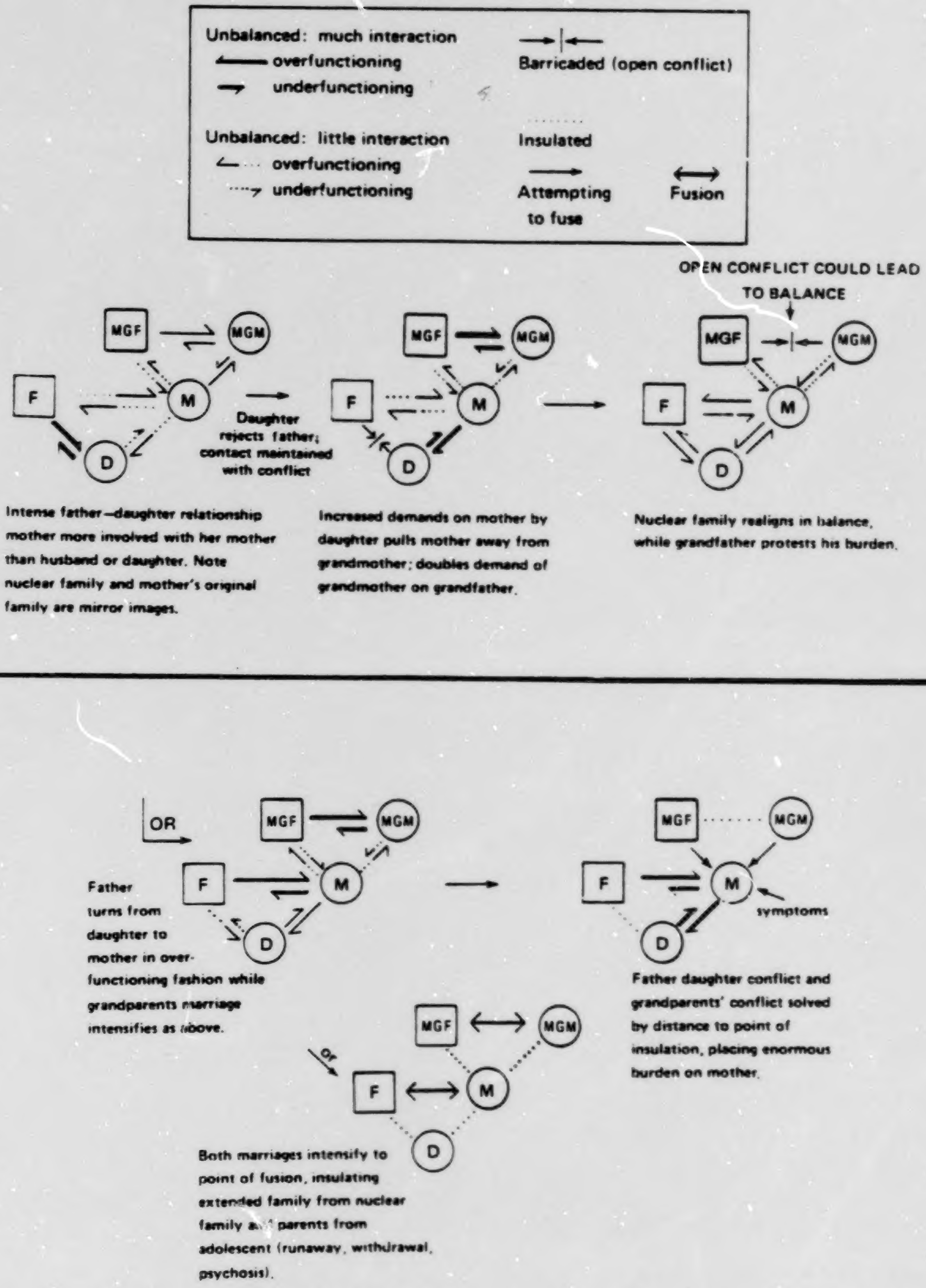
One must also consider the reciprocal effects of extended family and nuclear family. An individual generally relates to members of his or her nuclear family in the same manner as he or she leraned to relate to the original family. An overfunctioning parent, for example, is often simply repeating the early experience of having grown up with an underfunctioning parent. The parent may rationalize this behavior by saying that it is a deliberate attempt not to make the same mistakes as the grandparent, to spare the third generation the pain of the second, and to "prevent my children from having the same hangups as me". The result if that the third generation turns out to be like the first. The child of an underfunctioning parent rears an underfunctioning child. A mother, used to an intense relationship with her mother and little interaction with her father, may repeat this pattern with her daughter and husband. Moreover, the relationship between daughter and husband will tend to mimic the relationship between the grandparents in both quality and intensity. It is amazing how often the relationships in the nuclear family tend to be mirror images of both extended families. This means that the child, particularly the adolescent, may often become a special kind of peer of a grandparent, either competing for nurturing or control, or in a sympathetic alliance. The rules of intensity also apply here. When the adolescent either makes demands on the parent (increasing intensity) or rejects the parent (decreasing intensity), there tends to be a reciprocal decrease or increase in the parent-grandparent relationship. This, in turn, affects the grandparents' marriage. Conversely, retirement, illness, migration and, of course, death of a grandparent often have profound consequences for the parent-child relationship and the parents' marriage.

Therefore, of all the natural events which occur in the family life cycle, the emergence of adolescence is the one most likely to test the flexibility of the family organization. This is not due to the dramatic changes adolescents can exhibit in relation to other members of the family, nor is it simply because adolescents can move from one extreme to another in a trice, allowing little time for adaptation.

The adolescent overfunctions one minute and underfunctions the next. He or she wants total responsibility for self or none at all; indeed, being a "tweenager" may be inherently incompatible with balance of responsibility and the clinician is hardput to evaluate the health of an adolescent relationship in these terms. (It is fascinating to speculate here that a major function of so-called adolescent instability is to prevent fusion; that is, entrenchment of the underfunctioning or overfunctioning side vis-a-vis a significant other). In turn, each member of the family must bend if a working relationship is to be maintained with the adolescent. Big brothers must be able to become peers at times and even little brothers. Little sisters may suddenly find themselves confidantes. Parents may have to coddle at times and allow themselves to be looked after tenderly at others. Grandparents, after whom the teenager is modeled by his parents, may find themselves the target of sudden hostility or surprising endearments. Everyone's mettle is tested. Everyone has a chance to grow.

At the same time, the adolescent is rapidly changing the intensities of his or her relationships. The young girl who used to cuddle with her daddy, now becoming a woman and sensing her father's awkwardness, rebuffs him shyly. Father, somewhat confused and angry, may maintain contact with an endless cycle of condemnation against her rebellion, or may turn to mother with demands for which she is unprepared. Daughter, too, may now turn to mother for more nurturing or control. The beleaguered mother is now pulled away from her mother whom she has been parenting (see Figure 7.3). The ramifications are deep and the ripple effect is wide. I have seen grandparents' marriages of forty years suddenly become intolerable under such circumstances. A young man, intensely engrossed in his own pursuits for the time being, may so force the parents to look at each other that they must deal for the first time with such issues as lack of companionship, sexual difficulties or dominance. The results can be explosive (see Figure 7.4).

Finally, the adolescent is a peer grouper and explorer par excellence, forever sallying forth into the community and bringing back new ideas, experimenting with new modes of behavior and offering new values. More than that, he or she is forever bringing in new people (literally or figuratively, depending how receptive the family is), many of whom are more or less alien. This is always somewhat of a threat to the family. In the first place, if forecasts the eventual leaving of the individual, the natural demise of the family and the involution of the parents. This is an ordinary event that occurs to all, but can be looked upon with equanimity by only a few. Secondly, the new input forces the family


Unbalanced: much interaction
overfunctioning
underfunctioning
Barricaded (open conflict)
Unbalanced: little interaction
overfunctioning
underfunctioning
Insulated
Attempting to fuse
Fusion
OPEN CONFLICT COULD LEAD TO BALANCE
MGF
MGM
F
M
D
Daughter rejects father; contact maintained with conflict
OR
or
symptoms

Intense father—daughter relationship mother more involved with her mother than husband or daughter. Note nuclear family and mother's original family are mirror images.

Increased demands on mother by daughter pulls mother away from grandmother; doubles demand of grandmother on grandfather.

Nuclear family realigns in balance, while grandfather protests his burden.

Father turns from daughter to mother in overfunctioning fashion while grandparents marriage intensifies as above.

Father daughter conflict and grandparents' conflict solved by distance to point of insulation, placing enormous burden on mother.

Both marriages intensify to point of fusion, insulating extended family from nuclear family and parents from adolescent (runaway, withdrawal, psychosis).

Figure 7.3

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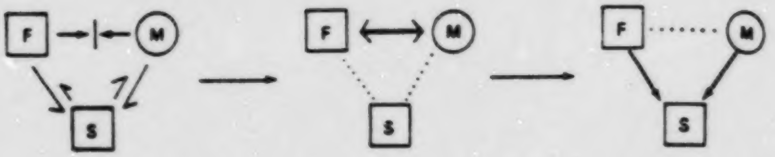


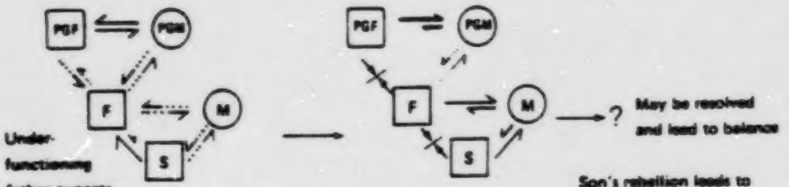
Typical triangulation

Son distances to point of insulation forcing fusion of parents.

Marriage explodes (e.g., divorce). Each parent pursues son.

Figure 7.4

to reevaluate itself, often painfully. The adolescent frequently becomes a critic, exposes hypocrisies and undermines longstanding prejudices. For example, a young man, finding himself newly interested in the arts, defies his father and refuses to go into the family business and compete for materialistic things to make up for his father's lack of success. The father must now face his own sense of failure and perhaps look at his father's overcompetitiveness with him as grandfather berates him for not controlling son (see Figure 7.5). Or a young woman, demanding that she be given a chance to carve out a career, eschews marriage and children while pointing to the unfulfilled drudgery of the mother and the emptiness of the parental relationship. The mother, in turn, may be stirred to remember the pooh-poohing of her childhood ambition to be a nurse and even takes it up with her father (see Figure 7.6). Again, the effects of adolescent happenings may be far-reaching and soul-shaking.



Under-functioning father expects to live through son as he did through his father.

May be resolved and lead to balance

Son's rebellion leads to triangulation around mother (Look what you're doing to her!). Grandfather blames father leading to open conflict and triangulation around grandmother (don't upset mom!).

Figure 7.5

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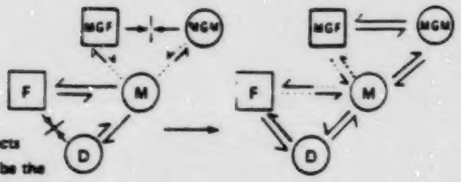


Over-functioning mother expects daughter to be the "good wife" as she was the "good daughter" to her father.

Note that original barricading of grandparents' marriage is replicated in father-daughter relationship.

Assertion of daughter as adult with both parents leads to assertion of mother with her father and husband, concomitant with or preceded by alliance of maternal grandmother and granddaughter. All relationships become renegotiated and balanced.

Figure 7.6

To repeat three major aspects of family organization are regularly and simultaneously being shifted in families with ordinary adolescents. The balance of responsibility along the overfunctioning-underfunctioning axis of each relationship seesaws. There are marked shifts in intensity of interaction of some relationships with concomitant compensations in others. There is a great surge of exchange with the community at large, with input coming not only from the adolescent and friends, but from teachers, other parents, and officials, while the family must necessarily expose itself through the same process.

Treatment of the Family with Adolescents

It is no wonder, then, that so many families come to treatment with adolescents. Or maybe these families are simply more memorable (eight out of eleven well-known family therapists chose families with adolescents for their detailed presentations in Peggy Papp's book) (5). As noted before, the average family seems to weather the storm, adapt to it, and grow. I only know this from retrospective studies done with families who have reared adolescents, escaped therapy, but then came later for other reasons. It has been my observation that all of these families realigned in some way and renegotiated relationships for the better. Those who do not make it come apart at the seams. I have not seen families simply muddle through, maintaining old patterns as they may in the case of other major events like birth and death. This finding again speaks for adolescence being a very special nodal point in family life.

It is well known that adolescense is a common time for the onset of major mental illness. This is apparently associated with the biological fragility of the adolescent combined with the almost inevitable decreased involvement of adolescent with family. The adolescent may leave home or become deeply involved in outside affairs. The family may be unable to partake of adolescent happenings or comprehend adolescent ways. The loss of emotional headquarters can lead to breakdown. Once breakdown actually occurs, however, the family is dealing with many factors above and beyond those peculiar to adolescence. Catastrophic illness, acute or chronic, generally means involvement with outside authorities and the whole mental health care delivery apparatus. At this point, a family therapist, even in a hospital setting, frequently has little control over the situation. The most important thing one can do then is to help the family maintain contact with the adolescent in as meaningful a way as possible while focusing on other family relationships that need help.

I should like to offer now some remarks regarding some families who present themselves for help with adolescents, paying particular attention to the effect the adolescent has had on the family.

The four possible ways that families with adolescents may present themselves are the same as for any other family, namely, (a) symptomatic behavior of the adolescent (frequently a school referral); (b) trouble in the marriage; (c) symptomatic behavior of a sibling (usually a younger sibling noticed or picked upon more intensely since the adolescent has distanced or refused to be triangulated); and (d) symptomatic behavior of one of the parents (frequently with extended family problems). Regardless of the manner of presentation, all four of the above phenomena are involved to some degree and all three of the process parameters already described are always present. For clinical purposes, the manner of presentation is relatively unimportant except that one must always bear in mind that only the tip of the iceberg is offered. A marital problem is always much more than just that. Our evaluation of process, which is tantamount to family diagnosis, is much more important, for the predominant patterns discernable provide the best clues for effective intervention.

Symptomatic Behavior of the Adolescent

Symptomatic behavior of the adolescent is a commonplace. The adolescent is either increasing or decreasing intensity of involvement with family. Examples of the former are intense involvement with peers, general withdrawal into self, and "rebellious" running away. Examples of the latter are shifting from one parent to another and speaking for self vis-a-vis both parents who had been triangulating about the adolescent. The latter is also frequently labeled rebellion. In the first instance, the therapist must help the parents to keep in contact with the adolescent without chasing after him or her. They must be available and responsive when the adolescent moves toward them. Often this involves overcoming their own feelings of rejection and recognizing even hostile responses of the adolescent as signs of the bond between them. Always there is a resultant intensification of interaction in the marital relationship or with extended family, and it behooves the therapist to examine these shifts for dysfunction. Often a judgment must be made whether the adolescent should be given free rein since the behavior is a move toward health, or be taken in tow like a preadolescent since the behavior is too extreme. Guidelines here are twofold: (a) judging from the family pattern before complaints, is the adolescent moving toward more balance or less? If the parent-child relationship was extremely intense before, decreasing intensity can be useful and some overshooting of the mark can be expected; and (b) is the adolescent still in contact with the family or in danger of losing contact completely? The latter calls for retrieving action.

When the adolescent is increasing intensity, it is often done with anger and it is a great challenge for family members to see the positive aspects rather than reject all assertions out of hand. Again process judgments have to be made by the therapist. Is the adolescent detriangulating himself or shifting from an overintense parent relationship to the less intense parent relationship? If so, the move needs to be supported. If the adolescent is reverting to an old pattern after difficulty in the outside world, it must be discouraged.

Whether the adolescent is moving toward or away from family, parental authority and control is always an issue. Here an assessment must be made as to the adequacy of the nurturing function which is primary. If it is not adequate, it must be dealt with in reality terms. The most deprived children will accept control if they are sure that the parents are fairly distributing the family resources, and caring for them as well as they can under the circumstances. Among the rich, if the parents are delinquent runaways, there is no point in trying to help them control their teen until they can be more present. Once this occurs, it may be helpful to distinguish between obedience and assumption of responsibility. If a boy is to get to school on time above all, he must be awakened by someone regularly. If he is to learn to hear the alarm, he will probably have to be late or absent at times. Parents must judge which priorities take precedence at any given time. Therapists must judge whether parental priorities are consistent with the changes in process for which they are aiming. Both must learn not to attempt the impossible. As stated before, making judgments about teenage behavior may tax our wisdom strenuously. Being able to take a longitudinal view of family process, rather than relying upon symptoms alone or a mental status check, helps immeasurably here. Nonetheless, it is important that we be humble and are prepared to be wrong. A frequent mistake is to go along with the family's assessment of health (usually based on symptoms). Bear in mind that change is always stressful and viewed by people as a threat. In some instances, if the parents are told firmly that they have "a normal teenager" on their hands, nature takes care of the rest. Sometimes it is helpful to establish a "checkup" relationship with a family so that judgments can be periodically reassessed.

Symptomatic Behavior of a Sibling

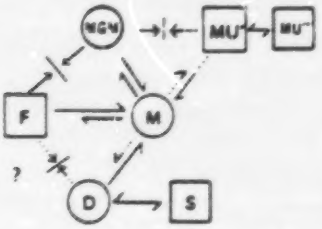
Symptomatic behavior of a younger sibling is frequently a moment in the life cycle of the family when a therapist has the opportunity to be truly preventive. The pattern is generally not yet entrenched. Most often, the younger sibling has become the focus of parental attention due to withdrawal of the eldest. The degree of withdrawal of the eldest should be evaluated. If it appears reasonable, as for example when an eldest goes to college while maintaining contact, leave it alone. If it is unsound with danger of loss of contact, an attempt to retrieve the eldest should be made. This is not only for the sake of the eldest, but also to reduce the intensity of the parent-younger sibling relationship, which may be all the intervention the younger sibling needs. If the eldest is left alone, then other strategies must be used. If the younger is triangulated by the parents, then one must either help the youngster talk for self vis-a-vis the parents or usurp the place of the youngster by dealing directly with the parents, which could result in the parents attempting to triangulate around the therapist. If the younger sibling is too intensely involved with one parent, increasing involvement with the other parent is the best strategy.

Symptoms in a Parent and a Marital Problem: A Case Example

I will now offer in some detail an account of a family that presented as a combination of symptoms in a parent and a marital problem and required effort with three generations for a successful conclusion. Although the mother labeled herself as the problem initially, she immediately pointed to her husband and marriage as a cause. Energetic exploration further revealed the difficulties to be initiated by adolescent shifting of a delicate three-generation balance. In my judgment, this situation is much more typical than hitherto supposed. We are so used to thinking of adolescence as a time of turmoil, and the families that complain about their adolescent members are such a commonplace, that even family therapists do not generally look for the adolescent effect if a family presents with symptoms in an adult or with marital problems. Moreover, many parents are reluctant to bring in their adolescents, particularly those who are well-functioning or striving toward a more health adaptation. From the point of view of preventive therapy, acceptance of a marital problem as simply that, is often a lost opportunity.

> A woman in her late thirties called because she was "depressed". In tears she explained at the first session that she could no longer take her husband's anger. He shouted at her for minor transgressions like not making the tea right and gave her the "silent treatment" for a week at a time if she dared to fight back. The story this pretty but frightened woman told was that she had gone from an unhappy home into an unhappy marriage fifteen years before. Her husband, a hard-working professional, had always been demanding, cold, and insensitive to her needs. She had always catered to him and "made the best of it," taking solace in the material comforts she had and "not feeling strong enough to go it alone." When questioned about the courtship, our patient described it as a whirlwind romance during which her husband-to-be pursued her vigorously, worshipped her, and even kissed her feet. She did not bargain for the fact that after marriage her husband would consciously and deliberately demand the same behavior of her in return.
>
> During the first two years of their marriage, the husband was in the armed forces and traveled frequently, establishing an early pattern of alternating extremes of intensity. This allowed the couple to sweep their conflicts under the rug and lessened the tension. In addition, pregnancy occurred before the end of the first year and the wife became preoccupied with herself and the child, a girl. Two years later, after the husband was discharged from service, a boy was born simultaneously with husband's intense preoccupation with his own career.
>
> So far so good. All pointed to the necessity for keeping the intensity of the marital relationship optimal. But what went wrong? The woman could give no clues. She was very happy with her children and was sure they had no problems. The girl, now thirteen, was blinking a bit and somewhat irritable lately, but that did not seem important. The maternal grandmother, it was revealed upon inquiry, was

always somewhat of a problem, but no different lately. She had been widowed when our initial patient first entered school, now lived alone and made constant demands upon the patient for services. Moreover, husband never liked his mother-in-law, clashed with her, and avoided her as much as possible. The patient felt caught between them and could not understand why her husband did not put himself out for her mother the way she did for his parents. She asked me if I agreed that that was selfish and unfair and I said I was more interested in finding solutions than in making judgments. I asked for an example, preferably in the future, of the kind of difficulty this situation might cause. It turned out that there was to be a family gathering in a week to which her mother wanted to be transported. This would mean considerable traveling out of the way for the patient and her husband, and she was certain he would object. On the other hand, she had already promised to take her mother, did not object to the traveling herself, and really wanted her mother to attend. The gathering was in honor of the patient's older brother who was visiting from out of town for a few days and was at the home of the eldest brother. These brothers, eight and ten years older than the patient, had been quite devoted to their little sister as youngsters, but were frequently at loggerheads with their mother, and now had little to do with her. The patient admitted to some resentment that her brothers did not offer to transport her mother (and her mother would not ask them), but she accepted her role of being in the middle here as inevitable, and viewed it as no longer important since it occurred so rarely now. Here, then, was the original triangulation process which was being repeated in the nuclear family (see Figure 7.7).



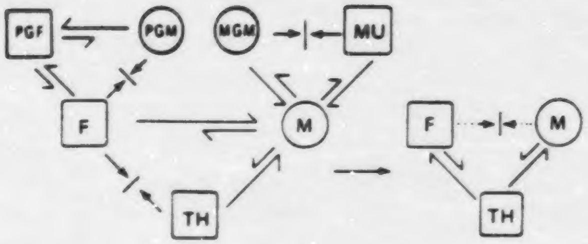
Mother is triangulated (by being a placater and rendering services) originally between siblings and mother, now primarily between mother and husband. Hypothetically, at this point in the case history she is, at times, between father and children.

Figure 7.7

Still, there was no clue as to what rocked the boat. I contented myself with suggesting to the patient that she tell her husband that she wanted to take her mother to the party, and that it would be perfectly all right with her if he demurred and either went separately or did not attend. She agreed willingly, although she did not want to "make a habit" of doing things herself. I then told her I wanted to see her husband with her and, when she told me the usual "he won't come because he says there's nothing wrong with him," I instructed her to ask him to help with her treatment. She readily agreed, but expressed the opinion that it would make no difference.

The next day, the patient called, surprised and hesitant. She reported that her husband had agreed to come in, but she thought it might not be worthwhile since he would be "on his best behavior in front of a psychiatrist." I congratulated her on her effectiveness and set a date for two weeks hence. In person, the husband was blandly intellectual and waxed expansive on "the reasoning" behind all the behavior to which his wife objected. He tended to hog the scene and, when his wife interjected occasionally, he would gesture in a brushing way with the side of his hand toward his wife's face and say, "That's not the issue." He would continue his monologue, and she would lapse into silence. He informed me that he was delighted that his wife elected to go into treatment, since he had advised her to do so ten years ago, but she had refused. He was also glad to give me any information I needed, reckoning it would take about one session and then I could continue with his wife until such time as I might need him again. He was a very reasonable man, he proclaimed, totally devoted to his family, but the way his wife was needling him and screaming lately was intolerable and he would chuck the marriage if it continued. He was launching into a convoluted theory of his wife's "neurosis" when I interrupted to ask how he handled his wife's wanting to transport her mother to his brother-in-law's party. Both husband and wife were surprised at this, having attached no importance to it, and could barely remember what happened except that the husband did pick up mother-in-law and return her. To his comment, "I generally do," she retorted, "This is the first time without anger!" Next came a lively discussion about each other's mother, each other's personality, each other as parents, and finally the children, particularly the girl. I functioned as a switchboard, having each one talk to me in turn, insisting that the wife respond, and the husband not interrupt. Often I repeated the wife's statements when the husband would go off on a tangent.

It was clear that the husband and wife tended to relate to me as if I were the maternal grandmother; that is to say, they behaved in their customary manner with significant others, in this instance someone in whom they invested authority. The husband tended to compete with me as the expert, and the wife tended to submit to both of us, while encouraging us to regard her as the patient and debate over what was best for her. This process replicated the wife's original family in that she often had elicited the aid of her big brother against her mother. It also replicated the husband's original family in that his mother often reprimanded him as a youngster for his condescending attitude toward his father. The husband would also engage his mother by defending his younger sister against her authority. In this session, I went along with the pattern to some extent, allowing the husband to speak his piece and responding to some of the wife's pleas for direction. As the session progressed, I tended more and more to assert my responsibility for the conduct of the therapy, declining to debate with the husband and insisting that the wife voice her objections more directly toward him (see Figure 7.8). The couple accomodated me, but were unable to maintain a more balanced interaction



Initial engagement: Therapy system is mirror image of both parents' original system.

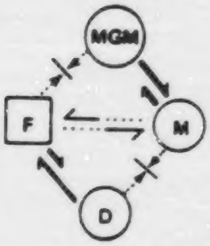
As therapist takes control intermittent open conflict develops between parents.

Figure 7.8

between themselves for more than a minute or two without my intervention. I therefore made the judgment that I needed more of a therapeutic handle and proceeded to explore further.

What had emerged was that the predominant pattern had been repeated early in the marriage when the couple lived with the husband's parents and the paternal grandmother tended to admonish the husband for not paying enough attention to his wife at times. Afthe the couple moved into a home of their own, the maternal mother-in-law becamse more involved with the wife, and the husband would periodically fight with her or make demands on the wife when he deemed mother-in-law to be "taking over too much." In recent months, however, he had simply been withdrawing from the field, "tired of fighting", as he saw it. The wife saw it as abandonment and part of his "sickness," an increasing preoccupation with religion. In mentioning this during a heated exchange, the wife threw in for good measure that the husband was imposing his religious practices on their daughter and "turning daughter against mother". The husband retorted that he had imposed nothing; rather, it was the daughter that had challenged him to practice what he preached and it was "after finding her arguments sound" that he had embarked upon an intense study of his religion. I saw this behavior mimicked the intensely studious days of this man's youth under the guidance of his ambitious mother and, by insisting on details about the daughter, I was finally able to enlarge my understanding about what had transpired in this family.

In her preteen years, the daughter had been more involved with the wife than the husband, tending to be solicitous and directive toward the former and non-communicative with the latter. She thus functioned similarly to the maternal grandmother and there was a reciprocal relationship between the intensity of the daughter-mother relationships and that of the mother-grandmother relationship. After daughter became a teenager, she became increasingly friendly with neighboring teenagers who attended a parochial school, spent time with their families, and developed an interest in their customs. This became the issue around which she began to communicate with her father. At first, she pointed to inconsistencies between father's proclaimed beliefs and actions. Next, they engaged in long discussions and eventually father became very active in the house of worship and both children entered parochial school. At the same time, daughter began to pull away from mother and rejected mother's pursuits. Occasionally, there were open clashes and mother accused father of enjoying daughter's "freshness." Father withdrew further from mother, and mother found herself appealing more and more to grandmother. Grandmother, in turn, inveighed against father and daughter and then proceeded to make more and more demands against unhappy mother (see Figure 7.9).



As daughter shifts from underfunctioning with mother to intense overfunctioning with father, marital relationship becomes less intense and mother falls back on her mother intensely.

Figure 7.9

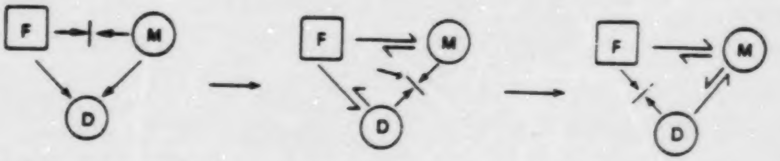
We were all able to agree that mother needed to learn how to handle her own mother and I told the father that we needed his help in this effort. He was to encourage his wife but not get involved with grandmother himself and, at all costs, he must not fight his wife's battles for her. I specifically requested that he return with three examples of how his mother-in-law interfered with his household or imposed upon his wife so that we could formulate tactics. The husband thought this "very reasonable". I was eager to bring in the children, but both parents could see "little purpose" in this idea, so I bided my time.

Sure enough, two weeks later mother reported that just the day before, daughter had "opened up a vile mouth" to her for the first time and she, mother, was overwhelmed and distraught. To make matters worse, her husband was present and seemed to laugh. "Shouldn't he, in a case like this, make his daughter apologize to me?" she pleaded. I responded by saying that I believed mother could learn how to handle daughter competently and, indeed, she had done well by condemning daughter's language and refusing to further discuss the minor issue involved. Moreover, I commended father for "refraining from interferring." Father denied laughing and pointed out that there wasn't much room for him since grandmother happened to be on the telephone with mother at the same time threatening to break granddaughter's arm if she spoke to mother like that again. One couldn't ask for a better example of child and grandparent relating as peers over an underfunctioning parent. Daughter also related to father as his mother, let us remember, and father confirmed this by blurting out that daughter told him not to let the psychiatrist get the idea that she was brainwashed by father. I quickly pointed out that this was a message that daughter had a few things to say and she ought to have the right to speak for herself. Both parents agreed somewhat reluctantly to bring in the children, and the rest of the time was devoted to husband's homework and giving guidelines to the wife on how she might assert herself with her mother in a useful way.

In the fourth session, two weeks later, both children appeared friendly and interested, the boy clearly allied with and supportive of his older sister. In response to my query, mother reported that daughter had come to her on her own the day after our last session to apologize. I praised the daughter and suggested that mother thank father for his wisdom in allowing mother and daughter to work things out for themselves. Mother did so and also complimented me for helping them, saying that her husband had been much "nicer." He refused this left-handed compliment, attributing his even-temperedness to less tension at work and hinting that in the future he might erupt again. I mildly observed that he had turned something positive into a negative and daughter chimed in that he was very critical. She recounted how she had looked up to him because he seemed so much stronger than her mother, and also stated that she couldn't stand her mother intrusiveness. When she called her father a hypocrite regarding religion, he seemed to take it very well and actually did something about it, earning her respect and affection. Now, however, he had become the expert and was constantly criticizing her and demanding that she be ever more exact in her religious observances. She was beginning to think that father was just as bad as mother in his own way. She loved them both but there were problems with both. Here was a good point on the pendulum swing between mother and father from which to work. It turned out that daughter was very upset herself. She had pronounced tic as she told of her despair at "getting mother to understand" her bid for more freedom. Turning to father had some merits but was no substitute. And grandmother was something else lately! Brother had similar gripes on a lesser scale. Mother had been "fussing" at him more lately since sister was with father, and grandma, too, had become much more concerned about his clothes and manners. Brother was slated to take sister's place were she to withdraw. Both parents were struck by this appeal from their children and listened attentively, their own cyclical debate forgotten. We were in business. From this point on, the therapy proceeded apace. I kept a watchful eye on the balance in the nuclear family by including the children from time to time and giving guidance to their parents, while both of them proceeded to renegotiate relationships with their respective parents.

My strategy, derived from my understanding of the total family organization, was to increase interaction between mother and daughter while maintaining contact with father and daughter. This tended to deintensify the mother-grandmother relationship so mother could learn to assert herself in a useful way with husband's cooperation. Eventually, husband would work on the relationship with his mother and the wife would cooperate in this venture. In order to achieve these ends, two types of dysfunctional processes had to be constantly monitored and corrected. One was the tendency of mother and father to underfunction and overfunction respectively vis-a-vis daughter, maternal grandmother, and each other. Such tendencies lead to too much or too little interaction and hence promote instability. The second was the tendency to triangulate. This family exhibited what I have called the pattern of shifting triangles (4): mother and father debated about their daughter and respective mothers; mother and daughter looked to father for judgments about their relationship; and father and daughter often communicated through mother (see Figure 7.10). It is necessary to detriangulate each relationship in order for it to be renegotiated.

Shifts in the Triangulation Pattern



Father and mother argue over daughter.

Father disrupts mother-daughter conflict by playing judge.

Mother gives messages to father from daughter and to daughter from father.

Figure 7.10

Some therapists work on the marital relationship exclusively while others direct their attention to the extended family in the belief that this will decrease the tension in the nuclear family, and that the rest will take care of itself. My experience has convinced me that, especially in the case of the family with adolescents, active attention to both nuclear and extended families is more efficient, more widely applicable, and less dangerous. For me, it is also more fun.

In the above illustration, relieving some of mother's anxiety about husband and daughter increased her feeling of competence and lent impetus to her resolve to "learn how to be a whole person with her mother." More important, reinvolvement of mother with her husband and daughter was a fast way of deintensifying the mother-grandmother relationship. Had mother been pushed to "become a self" with her mother too early, it might have resulted in useless confrontations requiring more difficult fresh starts or even in destructive explosions. True, this would be due to poor clinical judgment rather than a fault of the method, but I have seen major errors of this kind in the best hands. My point is that it is generally easier to make judgments when all parties are seen. (Grandmother was brought in "live" at one point during the course of treatment.) One of the best tactics for detriangulation is still to have all three parties present and to encourage all three to speak for themselves. This does not mean that the therapist is taking over family functions any more than a football coach is kicking and passing when watching a game; but he surely can spot the problems faster than when being told about the game.

The method I have described is more widely applicable because many families and individuals are not well enough put together to carry out tasks on their own, particularly when it comes to dealing with their family of origin. I firmly believe that the ultimate payload for each one of us comes from learning to conduct ourselves as adults after reviving childhood patterns with our original family. I am not willing, however, to consign those who are unable or unwilling to do it to the therapeutic ashheap. When much of the dysfunction remains with the extended family, the children may be better integrated than their parents and therefore a source of strength for the family. Not utilizing such strength is a waste. Adolescents frequently make good therapeutic allies.

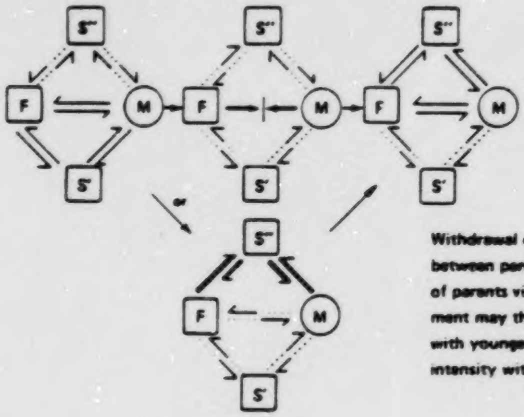
Finally, to focus only on the marriage and/or the extended families, if successful, necessarily means decreasing the intensity of the parent-child relationships and increasing the anxiety of the child. Adolescents don't generally sit still under these conditions and I have, unfortunately, seen many destructive acts and suicide attempts on the part of adolescents when the therapist ignored them. It is not necessary and sometimes not humane to do so.

The opening phases of the above example demonstrate that, although the principles are simple, the nuances of language and the subtleties of behavior may confound understanding. For instance, the wife reported that the clashes with her husband were most disturbing, but it was my judgment that the overall decrease in interaction precipitated the clashes. Later, the woman admitted to feeling excluded by husband and daughter. Both parents tended to downplay the role of the daughter and this had to be energetically investigated. The decision to facilitate mother-daughter interaction was made not only to balance the intensity between both parents, but because it was deemed that, despite their difficulties, mother and daughter were the most well-functioning pair. Had father been as flexible as he claimed, I might have chosen to focus at first on the father-daughter relationship and father's extended family.

General Considerations of Treatment

In many instances, one parental-child relationship is so intense or "toxic" that deintensification is a must. Generally, the parent involved is only too willing to "take a vacation" (at least temporarily) and the other parent will agree to take over responsibility, having been critical of the other parent anyway and not really knowing firsthand what the water feels like. Here again, it is helpful to have the adolescent actively participate in the plan to shift parental responsibility.

The above considerations apply to those families where there has been some combination of shifting of the overfunctioning-underfunctioning axis of relationship with an adolescent and a shifting of intensity from one relationship to another. As already mentioned in connection with the symptomatic adolescent, the remaining possibility is that the adolescent has withdrawn from all family members. This can occur in a mild way, as in the instance of an adolescent becoming increasingly involved in a peer group yet maintaining reasonable contact with the family. This increases intensity in the parental relationships and/or parent-other sibling relationship, and may bring out some conflict or tendency toward imbalance of functioning, but generally the realignment becomes balanced within time (see Figure 7.11).



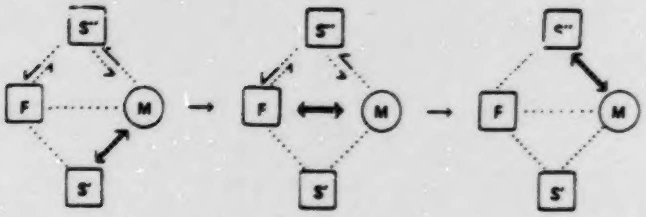
Withdrawal of eldest sibling leads to conflict between parents or intense overfunctioning of parents vis-à-vis younger sibling. Realignment may then result in balanced threesome with younger sibling and appropriately reduced intensity with eldest.

Figure 7.11

At the other extreme, the adolescent may insulate him- or herself from the family by running away (literally or figuratively) or becoming totally self-absorved. I use the term insulation to describe the process reciprocal to fusion, the latter being the overfunctioning-underfunctioning process carried to extremes. Fusion and insultation are truly complementary and are always, and only, present together in a family. An insulated adolescent is always avoiding either a severe triangulation process or a fusion, and the family has to compensate by fusing or triangulating elsewhere (see Figure 7.12). These families are often cut off from their extended families and the adolescent is only replicating behavior of the grandparents. A chronic situation easily develops and it is most difficult to treat. Such families can be treated but, in my experience, only by convening the whole family and coaching them directly how to reestablish contact, first with the adolescent and then with the extended family. Here especially, if the adolescent is ignored, he or she may be lost forever.

Conclusions

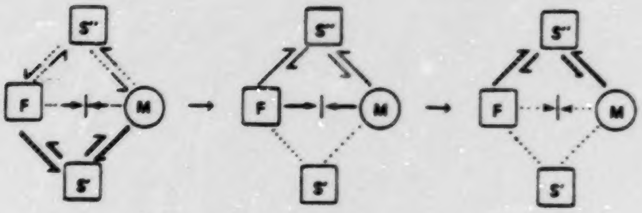
The various ways in which adolescent behavior may affect a family as well as the major implications for future health of the family have been outlined. The usual presentation of adolescent "with problems" has been underplayed. I hope to have given some sense of the diagnostic and therapeutic challenge that families with adolescents offer. I have implied that correct assessment of family process leads to correct therapeutic strategies, but I caution the reader to remember that diagnosis and intervention go hand-in-hand in family therapy. It is frequently only after false starts and unsuccessful interventions that a meaningful picture emerges. I have refrained from discussing



Fusion of eldest sibling with mother, insulated father; younger "well" sibling.

Insulating eldest sibling and temporary fusion of parents.

Lost eldest sibling. Fusion of mother with younger sibling.



Constant triangulation of eldest sibling. Sibling two is "well sibling."

Insulation of eldest (withdrawal, runaway, psychosis) produces intensification of parental conflict and attempt to triangulate around "well sibling."

Constant triangulation around former "well sibling." Lost older sibling.

Figure 7.12

specific tactics to be used by the therapist in pursuing the decided strategy. Tactics are, at least in part, a function of the idiosyncratic relationship between therapist and family. What works with one, may not work with another. Tactics are best learned, therefore, working with families under the tutelage of a flexible teacher who can allow the student therapist to be innovative within the framework of a consistent theory.

I think it fair to say that that attainment of adolescence by a family member always constitutes a profound landmark in the life cycle of the family with attendant pitfalls and opportunities. Treating such families is always a challenge and may try the acumen and fortitude of the most seasoned therapist. As with the families themselves, however, if the therapist can weather the storm, the rewards can be substantial.

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ECOLOGICALLY ORIENTED FAMILY INTERVENTION

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An ecological approach to family therapy is relevant for all social classes, not only for the poor. Examples of this orientation are presented in this paper.

In the June issues of Family Process, Umbarger (10) discusses an ecological approach to family therapy focused on the poor. The appraoch is one that deals with reality problems as an integral part of the psychological treatment process. According to Umbarger, this approach deals with "the distinctive problems of helping the poor," i.e., striking a meaningful balance between assiting with reality problems and dealing also with the psychological issues. This is done by the therapist's utilizing such events as unemployment, housing problems, legal difficulties. etc., as the occasions for intervention into the affective, communicational, and structural aspects of family organization. In this fashion the therapist is said to work at the interface between the family and non-family systems.

The efficacy of such an ecologically oriented psychotherapy has been amply demonstrated in a project in which one of the writers was involved. Although the program dealt with individuals (suburban, adolescent delinquent boys), rather than families, the treatment technique was similar. The distinguishing characteristics were an emphasis on concrete action and the involvement of the therapist in the boy's entire ecological field. For example, the therapist not only assisted with all aspects of employment, but helped the boys with shopping, dealing with legal authorities, obtaining health care, and so forth. In all of these situations the therapist discussed with the boy ways of handling situations in order to assist in the development of skills that would increase his social competency and thus make it less necessary for him to rely on impulsive, acting-out modes of behavior. Evaluation of this program revealed effective, therapeutic changes on several levels - cognitive, personality, and behavior (5,6).

Although we have no questions about the merit of this particular approach in working with the poor, there are two points we would like to make. The first is that an ecological approach to psychotherapy should not be limited to lower-class families and individuals. The second is that the approach should not be limited to a treatment model.

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II, 1972, pp. 499-505.

Regarding the first point, it is our belief that, following the careful analysis of how social class biases can affect paraprofessional training, Dr. Umbarger falls into a trap. By somehow assuming that ecological approaches are most relevant for the poor, he ignores the ways in which reality constantly intervenes in intrapsychic and interpersonal functioning in other social classes. It has become clear that we can less and less separate the person's environment from his personal functioning, regardless of his social class. With the poor there is clearly a lack of balance between help with reality issues and intrapsychic issues, due to a disproportionate emphasis on the former. With other groups, likewise, a lack of balance occurs, but the distribution of weight is reversed. Many therapists attempt to treat families, giving no consideration to the many reality problems the family must face in its day-to-day living. One example involves an upper middle-class family that lived in an expensive home in a suburb of a large metropolitan community in the east. The mother was undergoing psychiatric treatment for an acute depressive episode and, with her husband, was also receiving marriage counseling from a minister. Their eleven-year-old son had been expelled from school because of truancy and disruptive behavior. School officials were making plans to send him to a nearby residential treatment facility. Although this was all taking place concurrently, there was no communication amoung any of the helping sources. Crucial reality factors that came out later were all but ignored. Briefly these were as follows: The family had moved to the area eight months earlier from a small, rural community in the South. Father was a professional man, advancing rapidly with a firm whose policy was to move employees at regular intervals to positions of greater responsibility and more pay. Although he had made three previous moves in a six-year period, each was to a relatively small, southern community in which the company had a plant. The son had always attended elementary schools quite small in size and had never experienced any problems. The recent move, however, which coincided with his elevation to junior high school, was complicated by the fact that the junior high school was about eight times larger than previous schools he had attended and the academic standards were considerably higher. As a result, he began falling behind in his work, which eventually resulted in the truancy and expulsion. Mother, who had always been able to adjust to previous moves, found suburban living unlike anything she had experienced before, and when father was sent away for six weeks of management training, she became depressed. The church, which in the past had been of so much support to her, now offered little; it, too, was large and contacts tended to be transient and impersonal. Father was having his own problems. He was locked into a job situation with increasing pressures, and although he disliked management, he felt that he had come too far to turn back. He knew that to refuse a transfer meant no further promotions, and he did not want to risk that. Hence, he found himself working harder and harder and spending less time at home with his family.

This illustration is an example of fragmentation of helping sources and an overemphasis on psychological issues to the neglect of crucial reality factors--the job situation and its effects on all family members --which could have been utilized for more effective work with this family.

In the final analysis, the method of intervention should not be determined by social class factors alone, but on the diagnosis and perception of the balance of forces within an ecological framework. It is our belief that we have missed many opportunities for using realistic situations for intervention in all social classes.

The second point is the need for the family practitioner to give more consideration to utilizing an ecological approach at the level of prevention (4). Since a great deal of family anxiety and family dysfunction is an ecologic phenomenon, i.e., a consequence of discordant patterns of relations between families and non-family systems, there is a need for intervention directed toward improving such relations so that a more harmonious pattern prevails. Three types of problems of this nature can be described.

The first deals with the family's relations with the primary institutions--school, work, recreation, health, government, church, etc. These are primary in the sense that they deal directly with growth and development, and, as such, are the main systems through which families strive to attain their goals and satisfy their needs. In general, these family/institution relationships tend to be tilted in favor of the non-family institutions. Their greater power enables them to pressure the families to accomodate to their needs and requirements, particularly if there are any conflicts of interest or goals. Family roles are frequently seen as secondary to roles in these other institutions. For example, business views the executive's family as an extension of his executive role; the school views the pupil's family as an extension of the pupil in his learning role, etc. (11). In other words, family needs and goals take a back seat to the needs of these other institutions.

A second type of problem occurs in situations in which intended goals of non-family systems are subverted so that negative rather than positive effects result (1). One example was the "suitable home" policy (man in the house rule) contained in the early regulations of AFDC. Although this policy was designed to encourage marriage and conformity to community standards, one author points out that "it was destined to accomplish the opposite functions of discouraging marriage, maintaining high illegitimacy ratios in families denied public aid, and simultaneously reinforcing the caste system" (3). Similarly, Riessman discusses the ways in which the welfare system functions to maintain people in the cycle of poverty(9). Other examples include iatrogenic maladies, which, though perhaps difficult to document, are known to any practitioner in the health or mental health field. An abundance of examples dealing with sexual and marriage problems are discussed in Masters and Johnson's study on *Human Sexual Inadequacy* (7).

A third problem area occurs when a family relates to two or more systems, or to two or more sub-parts of one system, in which conflicting standards or regulations combine in such a way as to frustrate the activities of all, at best, or create further damage and conflict for the family, at worst. An excellent example of this type of situation was discussed in a recent article by Hoffman and Long in which a family is caught in a paradoxical situation within two non-family systems designed to help a housing authority and a health-care system (2). There are many similar types of situations. One recently brought to the writers' attention involved a black family consisting of a young mother and a small child (8). The family lived in a model cities neighborhood in a very dilapidated apartment soon to be razed for urban renewal. The child was attending an excellent model cities day care center while the mother undertook training through the Work Incentive Program. Upon completion of the training program, the mother was able to obtain employment and shortly thereafter realized a long awaited goal--that of obtaining a reasonably neat and attractive apartment. However, when she gave her new address to the officials at the day care center, she was notified that her child could no longer attend the center as the family now resided outside of the service area. Since the mother could not afford baby-sitting costs, she was unable to keep her job unless the child could attend the day care center and since she could not find suitable housing within the model cities service area, the only alternative seemed to be to quit her job and re-apply for welfare assistance.

In all three of the problem areas described, the common denominator would seem to be the discordant patterns of relations between the family and the non-family systems with which it interacts. Dealing in a therapeutic way with families already interlocked with a variety of such non-family systems is an important task. However, we also need to consider ways to deal with such problem situations at the preventive-level in order to avoid the kinds of relationship inequities that are currently so prevalent. This task calls for an ecologically oriented family/community specialist. Whether it should be the same specialist who is trained as a therapist is open to question. In any event, there are no training programs geared to either level (treatment or prevention) at the present time--that is, programs that focus on working at the interface between the family and the community. This seems to be truly virgin territory. Dr. Umbarger is to be commended for his efforts to develop a training model within this framework.

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COMMENTARY BY CARTER UMBARGER, PhD

Drs. Shore and Mannino offer several interesting examples of the usefulness of an ecological framework in mental health practices. Their work is an encouraging example of the number of people who are shifting attention to the power of social contexts in determining individual behavior. However, their comment that I fell into a "trap" by centering my remarks on the poor seems to me gratuitous. That approach is of course not limited to the poor; I chose to focus on that segment of society in order to redress what Shore and Mannino themselves refer to as the "disproportionate emphasis . . . " on poverty problems as a block to effective psychotherapy with the poor.

One qualification I would offer is that while their notion of "reality factors" connotes issues of alienation and fragmentation, the "reality" of poverty to which I pointed tended more to connote issues of exploitation and deprivation. There is a different quality to the reality problems of the upper middle class family than to the survival issues confronting a dreadfully poor, down-and-out family. Nonetheless, their general argument is sound and any well-informed family therapist will make use of the patient's ecological context, regardless of social class.

As to their concern for prevention, not just treatment, we can only agree there is nothing incompatible about training for treatment and training for prevention; the skills are quite similar and can be as easily applied before real trouble develops as after the family has broken.

Overall, they seem to share with me and with many others a conceptual framework that offers a thoughtful opportunity to use the patient's ecological context in such a way that therapeutic interventions will increase in effectiveness. I have written about these matters at greater length and hope soon to make these experiences available to others in the field. I look forward to hearing again from Dr. Shore and Dr. Mannino.

AUDIO-VISUAL AIDS FOR INTERVENTION SECTION

Abused Adolescents Speak Out. (Available from Face to Face Health and Counseling Services)

This is a 25 minute videotape made by teenagers at Face to Face Health and Counseling Services of St. Paul, Minnesota. It is a discussion among a group of teens who have been abused. The discussion centers on the teens' feeling of powerlessness in their situations and their insights into how useful services might be designed.

The videotape is useful in presenting a teenagers perspective on abuse, the adult world of helpers and suggestions for qualitative and responsive services.

Interviewing the Abused Child. 16 mm Film (Available from MTI Teleprograms)

Many facets of abuse are uncovered by the interviews: a five year-old reveals through play therapy the kind of violent mothering he has experienced . . . a physician discovers bruises on a child's back . . . a small boy is left home alone much of the time . . . a grade school child eats an inadequate diet and fails to attend school through neglect . . . a teacher finds out that a stepfather is sexually abusing one of her students.

The Smiths: Engaging a Reluctant Family. Color ¾" Videotape (Available from the Department of Social Work, Eastern Michigan University)

This videotape focuses on engaging and the beginning assessment of a reluctant client family in a sexual abuse case. The videotape contains three segments; initial contact, initial interview with the parents and initial interview with the family triad. Questions for thought and discussion are presented at the end of each segment.

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ADDITIONAL RESOURCES

The first printing of this manual included a publication published for the United States Department of Health and Human Services Office of Human Development Services titled Selected Readings on Adolescent Maltreatment, DHHS Publication No. (OHDS) 81-30301, issued March 1981. This volume was no longer available to us in quantities large enough to include with the manual. Single copies may be obtained from the Children's Bureau, Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health and Human Services, Washington, D.C. 20201.

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